

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

St. Louis Regional Office
10805 Sunset Office Drive, Suite 100 St. Louis, MO 63127-1038
(314) 822-0101
FAX (314) 822-0943

April 6, 1998

CERTIFIED MAIL #Z 465 691 755
RETURN RECEIPT REQUESTED

Mr. Charles Singleteary
Director - St. Louis Job Corps
4333 Goodfellow
St. Louis, MO 63120

Dear Mr. Singleteary:

L.O.W. #98-SL.007

Enclosed please find a report of the hazardous waste inspection of St. Louis Job Corps conducted by Mr. Paul Morris of my staff. The section of the report titled "Unsatisfactory Features" lists violations noted during the inspection and outlines steps the inspector has determined will correct those violations. My office has received and reviewed your March 13, 1998 response to Notice of Violation No. 5078 and 5095. The review indicates that your facility has started some action to correct the violations noted during the inspection however no violations have been corrected.

Please refer to the unsatisfactory features of the report and respond accordingly. In order to show the corrective actions have been taken, you are requested to submit a written response within fifteen days of receipt of this letter. The response should describe steps taken to correct all violations identified on both of the Notices of Violation. Direct the response to my attention and also submit a copy of your response to Ms. Kathy Flippin, Chief-Enforcement Unit, Hazardous Waste Program, P. O. Box 176, Jefferson City, Missouri 65102.

If you have any questions regarding this report, please contact Mr. Morris at (314) 822-0101.

Sincerely,

ST. LOUIS REGIONAL OFFICE

Robert S. P. Eck
Robert S. P. Eck
Regional Director

Site: St. Louis Ordnance Plant
ID: MO82100224645
Break: 11.11

RSPE/MS/as

Enclosures

c: Kathy Flippin, HWP Enforcement



2025763

**RESOURCE CONSERVATION AND RECOVERY ACT
AND
MISSOURI HAZARDOUS WASTE MANAGEMENT LAW
COMPLIANCE EVALUATION INSPECTION REPORT**

FACILITY:

United States Department of Labor
St. Louis Job Corps Center
4333 Goodfellow
St. Louis, MO 63120

IDENTIFICATION NUMBERS:

EPA ID #: MOD000566240
Missouri ID #: 027363

PARTICIPANTS:

Department of Natural Resources (MDNR)
St. Louis Regional Office (SLRO)

Mr. Paul H. Morris
Environmental Specialist

Ms. Rochelle Gibson
Environmental Specialist

United States Department of Labor
St. Louis Job Corps Center

Mr. Perry L. Johnson
Manager of Safety and Security

Mr. Charles Singleteary
Director

Mr. James Wolfe
Paint Shop Instructor

Mr. Mike Miller
Maintenance Supervisor

United States Department of Army
89th Army Reserve Command

Ms. Debra McGrath

INTRODUCTION:

An inspection of United States Department of Labor (St. Louis Job Corps) located at the above address was conducted on January 8 and 12, 1998. The inspection was conducted under the authority of the Resource Conservation and Recovery Act (RCRA) of 1976 and Sections 260.375(9) and 260.377 of the Missouri Waste Management Law (1977) as amended. The inspection was conducted in response to a complaint referral from Mr. Don Kerns of MDNR Hazardous Waste Program - Federal Facilities Section (Attachment 1). The property on which the St. Louis Job Corps is located is owned by the United States Department of Army, (Army Reserve). Mr. Kerns and representatives of the Army Reserve, observed containers of unknown

materials on site during a walk through of the facility on January 7, 1998. According to Mr. Steve Lawson, Environmental Manager for the Army Reserve, the St. Louis Job Corps was requested to remove the materials by the next day, January 8, 1998.

On January 8, 1998, the inspector arrived at the Goodfellow Federal complex and contacted Ms. Debra McGrath of the Army Reserve in attempts to find the building containing the containers. She called the St. Louis Job Corps Security office and requested that the inspector should have authorization to enter the building containing the containers in question. The authorization to enter the St. Louis Job Corps facility was delayed up to one hour. During this time the inspector talked with both Ms. McGrath and Mr. Steve Lawson, Environmental Managers from the Kansas City office by phone. The onsite environmental manager for the Army Reserve, Vernon Uhe, was out of the office on training. When authorization to enter the St. Louis Job Corps facility was given, the inspector visited with Mr. Perry L. Johnson of the St. Louis Job Corps security staff. Mr. Johnson said his director, Mr. Charles Singleteary, was not present at the facility at that time.

Mr. Johnson lead the inspector to the building #220 (see attachment #2 for map) where he said the four or five drums of hazardous waste were previously located and told the inspector that Safety Kleen had already removed them from the building for disposal. Mr. Johnson had said that the drums had been originally located in a building near the main offices, which had been demolished. The inspector continued to gather information on any of the facility's other hazardous waste generation. The only hazardous waste normally generated from the St. Louis Job Corps facility was waste paint solvent from the paint shop. The inspector and Mr. Johnson proceeded to the storage shed containing the waste paint thinner and met with Mr. James Wolfe of the paint shop. The storage building near the paint shop was inspected and the inspector left the facility.

The following day, January 9, 1998, the inspector requested manifests from Safety Kleen for any hazardous waste picked up and disposed of from St. Louis Job Corps, only to find out that Safety Kleen had not been to the St. Louis Job Corps facility to pick up any hazardous waste. The inspector then called Mr. Johnson to get accurate information on the removal of any hazardous waste and the hazardous shipping manifests. Mr. Johnson said he would find out what he could and was requested to fax the information to the St. Louis Regional Office. Mr. Johnson called back around 3 p.m. on the same day to report that the containers had been moved from building #220 by St. Louis Job Corps maintenance personnel to another building on the property.

The inspector returned on January 12, 1998 with Ms Rochelle Gibson, another environmental specialist from the Department of Natural Resources, and again met with Mr. Perry Johnson. They proceeded to the maintenance shed between the training shops and the main offices (building #230) and met Mr. Mike Miller, the maintenance manager. In this building, Mr. Johnson said that all the containers formerly in building #220 had been moved and were grouped together. The inspector was able to observe and record 14 drums of various sizes, 21 five-gallon pails, 180 one-gallon paint and polyurethane cans, and 10 spray cans of penetrating oil and gas line deicers were

stored in this area. Most of the drums had unknown contents. One metal drum was labeled as "combustible liquid" from Superior Solvents and Chemicals. Another plastic drum had the name Coil-X and stated it was a cleaner for heat exchanger coils. The paint thinner drum storage area was also viewed and comments made on emergency preparedness about this area.

Notice of Violation (NOV) #5078 was issued on January 12, 1998 due to violations observed during the inspection. The violations listed on the NOV were discussed with the facility director, Mr. Singleteary during a closing meeting and the NOV was signed and received by Mr. Johnson at this closing discussion. As of March 5, 1998, no response to NOV #5078 had been received by MDNR. On this date, an additional NOV (#5095) was sent by certified mail to Mr. Singleteary. Mr. Singleteary responded on March 13, 1998. (See Attachment 3 for NOV's and Facility Response).

FACILITY DESCRIPTION:

St. Louis Job Corps is located on the southwest corner Goodfellow Blvd. and Stratford Ave. in St. Louis City. The facility teaches trades to indigent youth and offers pay during their training. The facility is composed of multiple buildings used as classrooms, shops, dormitories, offices, and other support facility buildings. These buildings are part of land owned by the Army Reserve and formerly the U.S. Army's St. Louis Ordinance Project. St. Louis Job Corps leases the site from the Army Reserve. Some of the buildings have been razed due to the renovation for the St. Louis Job Corps. One of these decommissioned buildings contained the containers found during the inspection to have been moved to another on site building for storage.

St. Louis Job Corps normally generates waste paint solvents from its paint shop (D001, F003). This material consists mainly of mineral spirits and waste paint. The amount of waste generated is approximately 40 pounds per month and has been stored in a 55-gallon drum until full. This waste is then shipped with a Missouri Hazardous Waste Manifest (Attachment 3).

Included with this report are the following attachments:

- | | |
|---------------|--|
| Attachment #1 | Complaint |
| Attachment #2 | Map of the facility |
| Attachment #3 | Notice of Violation # 5078 and # 5095 |
| Attachment #4 | Hazardous waste manifest, dated September 22, 1994 |
| Attachment #5 | A small quantity generator checklist, completed during the inspection. |
| Attachment #6 | Photographs taken during inspection. |

UNSATISFACTORY FEATURES

1. Failure to determine if wastes are hazardous, in violation of 10 CSR 25-5.262(1) incorporating 40 CFR 262.11. St. Louis Job Corps had not made a hazardous waste determination on any of the containers of solid wastes stored at the maintenance shed (#230). The facility must make a waste determination of all solid waste stored at the maintenance shed and submit documentation analysis of samples to support the determination.
2. Storage of hazardous waste exceeded the allowed 180 days (270 days if transported > than 200 miles) in violation of 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(a). St. Louis Job Corps has been storing on site, a variety of wastes for more than 180 days. This includes the hazardous waste paint solvents from its normal generation of waste, which had a start date of accumulation of August 24, 1996. The waste grouped together in the maintenance building was evidently left for many years unattended considering the poor condition of the containers. This waste included 14 drums of possible hazardous waste acids, solvents and flammables, 21 five pails of adhesives and flammable materials; 180 one gallon pails of waste paint including polyurethanes; 10 spray cans of aerosol penetrating oil and gas line deicers. These wastes collectively amounted to about 800 gallons or 6400 pounds (See attached photos).

St. Louis Job Corps must ship any of this waste determined to be hazardous to a permitted hazardous waste facility and provide manifest(s) documenting this shipment. Also, St. Louis Job Corps must certify that all future hazardous waste generated will not be stored for more than 180 days (270 days if transported >200 miles).
3. The hazardous waste containers were not in good condition in violation of 10 CSR 25-5.262(1), incorporating 40 CFR 262.34(a)(1), referencing 40 CFR 265.171. The metal drums and many of the one-gallon paint cans were rusting, indicating they were left unattended for an extended period. Many of the paint cans were also leaking their contents. Once a hazardous waste determination has been made, any hazardous waste in containers in poor condition, must be put in good containers or overpacked. In the future all storage containers for hazardous waste and/or used oil must be in good condition.
4. Containers of hazardous waste were not labeled during entire on-site storage period in violation of 10 CSR 25-5.262(2)(C)1 referencing 40 CFR 262.31 and 40 CFR 262.32. Eleven of the of the 55-gallon drums and many of the five gallon pails and one gallon cans were not labeled with any DOT information. Once a hazardous waste determination has been made, all stored hazardous waste must be in compliance with DOT requirements during the entire on-site storage period. St. Louis Job Corps Center must certify that all hazardous waste storage containers have been marked and/or labeled and all future containers of hazardous waste will be labeled per DOT during entire on-site storage period.

5. Beginning date of accumulation not marked on container in violation of 10 CSR 25-5.262(1), incorporating 40 CFR 262.34(d)(4), referencing 40 CFR 262.34(a)(2). None of the 14 drums, 21 five-gallon pails or 180 waste paint cans had the beginning date of accumulation marked on them. The facility must determine what containers contain hazardous waste. All stored hazardous waste containers must be marked with the beginning date of accumulation. This serves to ensure that containers do not remain in storage past the allowable time period. St. Louis Job Corps must certify that all hazardous waste storage containers have been marked and all containers used in the future to store hazardous waste will be marked with beginning date of accumulation.
6. Container not clearly marked "Hazardous Waste" in violation of 10 CSR 25-5.262(1), incorporating 40 CFR 262.34(d)(4), referencing 40 CFR 262.34(a)(3). After a hazardous waste determination has been made, all containers of hazardous waste must be so marked. None of the 14 drums, 21 five-gallon pails or 180 waste paint cans were marked. St. Louis Job Corps must certify that the storage containers have been properly marked per 40 CFR 262.34(a)(3) and all containers used in the future to store hazardous waste will be so marked.
7. Facility is not being inspected and maintained weekly in violation of 10 CSR 25-5.262(2)(C)2.C.(II) referencing 40 CFR 265.174. The storage of wastes for extended periods of time, indicated by the poor condition of the containers, without shipping it off indicated that the facility did not inspect the site of storage weekly. St. Louis Job Corps must certify that the hazardous waste storage area will be inspected and maintained on a weekly basis.
8. "No Smoking" sign was not posted, in violation of 10 CSR 25-5.262(2)(C)2.F.(II). A "No Smoking" sign was not posted at the hazardous waste storage area where ignitable waste was stored. The facility must post "No Smoking" signs at both the maintenance areas until the waste is shipped and the hazardous waste storage area. "No Smoking" signs must be conspicuously placed to insure they are visible to all personnel in the area. Certify that a "No Smoking" sign has been properly posted.
9. Spill control equipment not properly maintained, in violation of 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.33. Spill control and decontamination equipment was not located near the hazardous waste storage area. The facility must provide spill containment and decontainment equipment. Certify that this item is available near the waste handling area. Submit a list of spill control equipment obtained.
10. Emergency coordinator's name and phone number, fire department phone number and location of fire extinguisher and spill control equipment not posted near phone, in violation of 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii). The required information was not located at the phone near the Hazardous Waste storage area. The facility must post the name and phone number of the emergency coordinator, fire

department's phone number and the location of fire extinguishers and spill control equipment near the phone. St. Louis Job Corps must certify that the required information has been posted at the phone near the hazardous waste storage area.

Prepared by:



Paul H. Morris
Environmental Specialist II

Reviewed by:



Mike Struckhoff
Environmental Specialist IV

Attachments

PHM/as

ATTACHMENT 1



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
COMPLAINT INVESTIGATION INFORMATION

MO Dept. of Natural Resources
Hazardous Waste Program
Jefferson City, MO

St. Louis City

780316

INTERVIEW INFORMATION

REFERRED FROM

ROUTING	INITIAL	DATE RECEIVED	Program Assigned
Interviewer	MS	1-7-98	HW
Data Entry	PLW	1-27-98	Complaint No.
Investigator	PLW	1-12-98	File No.
Final Data Entry	PLW	1-27-98	County Name: St. Louis City
			Facility ID # 027363

What is the complaint about? HAZARDOUS WASTE STORAGE
IN A BUILDING AT 4300 GOODFELLOW
BUILDING OWNED BY ARMY ON PROPERTY
OWNED BY LABOR ACCORDING TO COMPLAINT
WASTE AS GENERATED BY LABOR

What is the location of the problem? 54 Corner of Stratford and Goodfellow

1/4, 1/4, Sec, Twp, Rge, Co, lat, long

Who or what source is the probable cause of the complaint?

Name: US ARMY CORPS OF ENGINEERS
Address: JOE CORPS FACILITY
4300 GOODFELLOW
City/State/Zip: ST. LOUIS, MO 63102

HOME TELEPHONE NO.

314-679-6272

BUSINESS TELEPHONE NO.

INVESTIGATION

Date of Investigation 1-12-98

Observation/Findings: On 1-8-98
After talking with Debra McGrath of the 89th Army Reserve, the inspector was allowed
access about one hour later to the St. Louis Joe Corps building. This area is still
owned by the 89th Army Reserve and formerly the St. Louis Ordnance Project (SLOP). Mr.
Perry Johnson lead the inspector to the building #220 where Don Kerns had seen all
the hazardous waste. Mr. Johnson had told the inspector that all the waste had
been picked up by the Safety-Kleen Co. An inspection was made at the point
solvent waste generation storage area. The inspector was told the next day
that all the waste was moved by maintenance to another building.

Conclusion/Recommendations the inspector returned on the 12th of January for an
inspection of the storage of this waste. (See report-Jan. 12, 1998)

Was there environmental impact on: (Check one or more)

☐ Human Health ☐ Water ☐ Air ☐ Land ☒ None

If water was impacted, name affected waters if available.

COMPLAINANT INFORMATION

HOME TELEPHONE NO.

BUSINESS PHONE NO.

(DENOTE DAYTIME NO. BY AN *)

573-751-3176

FINAL ACTION SUMMARY

PROGRAM INVOLVED

- ☐ Fugitive Dust
☐ Particulate
☐ Burning
☐ Other

- ☐ Asbestos
☐ Odors
☐ Toxics

- ☐ Taste & Odors
☐ Bacteria
☐ Pressure
☐ Other

- ☐ Color
☐ Flow
☐ Toxics

- ☐ Open Dumps
☐ Littering
☐ Waste Tire Dump

- ☐ SLF
☐ Other

- ☐ Transportation
☐ Generators
☒ Sm. Qty. Gen

- ☐ TSD
☐ Waste Oil
☐ Other

- ☐ Animal Waste
☐ Bypassing
☐ Treatment Plant Oper.

- ☐ Sawdust
☐ Sludge
☐ Single Family

- ☐ Toxics/UST
☐ Ground Water
☐ Other

FINAL ACTION TAKEN

DATE OF ACTION

1-12-98

TO RESPONSIBLE PARTY

- ☐ Memo to File
☐ Phone

- ☒ Report
☐ Other

- ☐ Letter

REFERRED TO

- ☐ City ☐ DOH ☐ DOG ☐ DO
☐ Other DNR Agency

TO COMPLAINANT:

- ☒ Copy of Report
☐ Anonymous Complaint

- ☐ Phone
☐ Other

- ☐ In Person

Was a Complaint, Order, Notice of Violation, or Notice of Excess Emissions Issued?

No

DATE ISSUED

1-12-98

Follow-up investigation needed?

No

DATE PLANNED

Additional Comments, Conclusions, and Final Agency Actions

IF REFERRED TO ANOTHER AGENCY, COPY SENT TO:

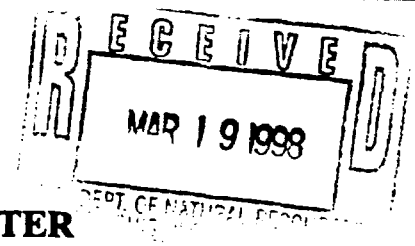
Agency

Address

City/State/Zip Code

ATTACHMENT 2

ATTACHMENT 3



ST. LOUIS



CENTER

4333 Goodfellow Boulevard
St. Louis, Missouri 63120
(314) 679-6200

March 13, 1998

Ms. Kathy Flippin, Chief-Enforcement Unit
Hazardous Waste Program
P.O. Box 176
Jefferson City, MO 65102

RE: Response to Letter from Robert S. P. Eck:
Notice of Violations #5078 and #5095

Dear Ms. Flippin:

The Center has contracted with Laidlaw Environmental Services to test and dispose of the materials in question. Please reference copies of all preliminary paperwork and approvals by the Center to effect this.

Laidlaw has indicated that upon receipt of the profiles and authorization (purchase order), their work would begin in five (5) days. All paperwork has been mailed.

If you have questions, please contact me or T J Walker/Director of Administration & Support Services at (314) 679-6222.

Sincerely,


Charles Singleteary
Center Director

DELIVER ONLY TO:
ST. LOUIS JOB CORPS CENTER
4333 GOODFELLOW BLVD.
ST. LOUIS, MO 63120
CENTRAL RECEIVING

MINACT, INC.
ST. LOUIS
4333 GOODFELLOW BLVD.
ST. LOUIS, MISSOURI 63120
TEL (314) 679-6203

PURCHASE
ORDER

00021506

This number must appear on all
invoices, packages, shipping papers
and correspondence.

PAGE 1 OF

P.O. 03/10/98
DATE

ACCOUNT 6177-3444
NUMBER

REQUISITION
NUMBER

DESTINATION
MAINTENANCE

LAIDLAW ENVIRONMENTAL SERVICE
ATTN: DAVID LINDER
4344 RIDER TRAIL NORTH BLDG. C
EARTH CITY MO 63045

DELIVER
BEFORE
(DATE) 03/31/98

TERMS 30-45 NET

F.O.B.
ST. LOUIS JOB CORPS CENTER
ST. LOUIS, MISSOURI

XX F.O.B. OUR PLANT

THIS ORDER IS SUBJECT TO ALL THE CONDITIONS AND PROVISIONS HEREOF, INCLUDING WITHOUT BEING LIMITED TO THOSE ON THE
BACK HEREOF AND ANY AND ALL DRAWINGS, SPECIFICATIONS, DATA AND SPECIAL CONDITIONS REFERENCED, SPECIFIED AND/OR
ATTACHED HERETO, ALL OF WHICH ARE MADE A PART HEREOF. VOID IF NOT DELIVERED WITHIN 60 DAYS OF ORDER DATE.

ITEM #	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
001	1	EA	REMOVAL OF HAZARDOUSWASTE ACCORDING TO PROPOSAL QUOTE PER: DAVID LINDER	6641.000	6641.00
			REMOVAL** VAL MOVAL L FLAMMABLE REMOVAL TOXIC REMOVAL VAL REMOVAL ATTN: DAVID LINDER THANK YOU...		
			1. LATEX PAINT REMO 2. HYDRALIC OIL RE- 3. EMPTY DRUM REMOVA 4. WASTE AEROSOLS, 5. WASTE AEROSOLS, 6. WASTE PAINT REMO 7. AEROSOLS REMOVAL 8. CLEANING COMPOUND		
TOTAL:					6641.00

QUOTED PRICES SHALL BE NO HIGHER THAN DIRECT GOVERNMENT QUOTE

INSTRUCTIONS

WHEN SHIPMENT HAS BEEN MADE MAIL INVOICE TO:

CHIEF ACCOUNTANT
ST. LOUIS JOB CORPS CENTER
4333 GOODFELLOW BLVD.
ST. LOUIS, MISSOURI 63120

DIRECTOR OF ADMINISTRATION

ST. LOUIS JOB CORPS CENTER

PURCHASING AGENT

MINACT, INC.

ST. LOUIS JOB CORPS CENTER
4333 GOODFELLOW BLVD.
ST. LOUIS, MISSOURI 63120

PURCHASE REQUISITIONDATE 03-10-98ACCOUNT TITLE MAINTENANCE DEPARTMENT

ACCOUNT NO. _____

TO PURCHASING DEPARTMENT

FUND _____

PLEASE DELIVER THE FOLLOWING TO: Building _____ Floor _____ Room _____

NOT LATER THAN _____ FOR ADDITIONAL INFORMATION _____ EXT. _____

JUSTIFICATION: REMOVAL OF HAZARDOUS WASTE:

Line # Item #	Quantity	Unit	Stock or Catalogue #	Description (Name, Size, Grade, Color, Catalogue Reference)	Unit Price	Total
1.				REMOVAL OF HAZARDOUS WASTE ACCORDING TO SPECIFICATION OUTLINED IN PROPOSAL QUOTED BY DAVID LINDER, PROJECT MANAGER LAIDLAW ENVIRONMENTAL SERVICES... 1. LATEX PAINT REMOVAL 2. HYDRALIC OIL REMOVAL 3. EMPTY DRUM REMOVAL 4. WASTE AEROSOLS, FLAMMABLE REMOVAL 5. WASTE AEROSOLS, TOXIC REMOVAL 6. WASTE PAINT REMOVAL 7. AEROSOLS REMOVAL 8. CLEANING COMPOUND REMOVAL	\$6,641.00	\$6,641.00

<i>Michael Miller</i> Requested by	DATE <u>3/11/98</u>
<i>Michael Miller</i> Approved by Manager/Supervisor	DATE <u>3/11/98</u>
<i>28 Valeri</i> Approved by Director of Fiscal & Professional Services	DATE <u>3/10/98</u>
<i>[Signature]</i> Approved by Manager of Finance	DATE <u>3/11/98</u>
Approved by Center Director	DATE _____

MINACT, INC.
APPROVAL
REQUIRED

YES _____

NO _____

RECEIVED IN
PURCHASING
3-6-98

TOTAL

\$6,641.00

SUGGESTED SOURCE OF SUPPLY
LAIDLAW ENVIRONMENTAL
SERVICES INC.2260

00021506



**Laidlaw Environmental Services
Credit Application**

FOR LAIDLAW ENVIRONMENTAL SERVICES USE ONLY - PLEASE COMPLETE
FACILITY _____ DATE: ____/____/____
SALESPERSON _____

PLEASE COMPLETE AND RETURN TO CREDIT DEPARTMENT-LAIDLAW ENVIRONMENT SERVICES,
P.O. BOX 210799, COLUMBIA, S.C. 29211. PHONE: 803-798-2993 FAX: 803-551-4426.

COMPANY NAME: St. Louis Job Corps Center DATE COMPANY ESTABLISHED: 1980
CHECK ONE: PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION X SIC# _____
DIVISION OF MINACT, INC. / SUBSIDIARY OF _____
DUN AND BRADSTREET NUMBER: _____ ENVIRONMENTAL SERVICE AGREEMENT # _____
OFFICERS - NAME, TITLE, ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE
1) B. T. Jones, President & CEO 5220 Keele St. Jackson, MS 3
2) Sam Devore, Vice President/Finance " " " " "
3) _____

SEND INVOICES TO THE FOLLOWING ADDRESS:

St. Louis Job Corps Center
4333 Goodfellow Blvd.
St. Louis MO 63120
ATTENTION: Accounts Payable

ACCOUNTING CONTACT NAME: Kathy Mack PHONE (314) 679-6183
FAX (314) 679-6210

CREDIT REFERENCES

X
COMPANY NAME & ACCOUNT #: CITY STATE PHONE CONTACT
1) ATTACHED
2) _____
3) _____
4) _____

X
NAME OF BANK: ATTACHED CHECKING: _____ ACCOUNT NUMBERS
ADDRESS: _____ SAVINGS: _____
LOANS: _____
TELEPHONE: () _____ CONTACT PERSON: _____

CREDIT LIMIT REQUESTED \$ _____ ESTIMATED PROJECTS _____

OUR STANDARD TERMS ARE NET 10 DAYS, AND FINANCE CHARGES OF 18% PER ANNUM (1 1/2% PER MONTH)
WILL BE ASSESSED ON ALL ACCOUNTS OVER 30 DAYS PAST DUE.

YOU ARE HEREBY AUTHORIZED TO OBTAIN INFORMATION YOU CONSIDER NECESSARY FROM ANY SOURCE
CONCERNING THE STATEMENTS OF THIS APPLICATION.

SIGNED [Signature] DATE 03/05/98
TITLE Director of Administration

ST. LOUIS



CENTER

4333 Goodfellow Boulevard
St. Louis, Missouri 63120
(314) 679-6200

COMPANY NAME:

MINACT, INC., DBA ST. LOUIS JOB CORPS CENTER
4333 GOODFELLOW BLVD.
ST. LOUIS MO., 63120

TYPE OF BUSINESS:

JOB TRAINING FACILITY FUNDED BY THE U.S. DEPT. OF LABOR

BANK REFERENCES:

GATEWAY NATIONAL BANK
3412 NORTH UNION BLVD.
ST. LOUIS, MO., 63115
ACCT: #120192
(314) 389-3000

CREDIT REFERENCES:

ALLEN FOODS
8343 PAGE BLVD.
ST. LOUIS MO.,
(314) 426-4100

O.E.I. BUSINESS FORMS
2437 NORTHLINE
MARYLAND HEIGHTS, MO.,
(314) 731-5666

EASTMAN KODAK
11525 OLDE CABIN
ST. LOUIS, MO.,
(314) 993-2700

CORPORATION REFERENCES:

* B.T. JONES - PRESIDENT
5220 KEELE ST.
JACKSON MS.,
(601) 362-1631

* GLORIA DICKERSON - VICE PRES.
OF FINANCE DEPARTMENT

* SAM DEVORE - SENIOR VICE PRES. OF
FINANCE

****PURCHASE ORDERS MUST BE SUBMITTED ON ALL ORDERS**



20010430



Laidlaw Environmental Services (TS), Inc.
2815 Old Greenbrier Pike
Greenbrier, TN 37073-4514
Tel: 615-350-5400

ENVIRONMENTAL SERVICES AGREEMENT

"CUSTOMER" BILL TO

ST. LOUIS JOB CORPS CENTER
ACCOUNTS PAYABLE DEPT.
4333 GOODFELLOW BLVD.
ST. LOUIS, MO 63120

CUSTOMER SERVICE LOCATION
(IF DIFFERENT FROM BILL TO)CUSTOMER PURCHASE OR WORK ORDER NO.
(if applicable) 00021506ORDER DATE:
03-16-98 (ASAP)CONTRACT TERM:
FROM: TO:LAIDLAW
CONTACT: DAVID LINDERCUSTOMER
CONTACT: MIKE MILLERCUSTOMER
PHONE: 314-679-6289

NOTICE: I HAVE READ THE ENTIRE AGREEMENT AND ACCEPT THE AGREEMENT IN ITS ENTIRETY, INCLUDING TERMS AND CONDITIONS PRINTED HEREUNDER AND ON THE REVERSE SIDE, AND I HAVE RECEIVED A TRUE COPY THEREOF.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement by their duly authorized representatives.

CUSTOMER

Authorized Signature

T J WALKER JR.

Signature Printed/Typewritten

DIRECTOR OF ADMIN. & SUPPORT SERVICES

Title

MARCH 5, 1998

Date

LAIDLAW

By:

Authorized Signature

Signature Printed/Typewritten

Title

Date

In consideration of the mutual undertakings and subject to the terms set forth below and intending to be legally bound, the parties agree as follows:

TERMS AND CONDITIONS

The following paragraphs set forth the general terms and conditions under which Laidlaw shall, at Customer's request, transport, treat, store, incinerate, recycle, manage dispose of (collectively referred to as "Service") waste products ("Waste") generated by Customer at any of its or its subsidiaries' facilities located in the United States U.S. Territory. All waste profile documents, price quotations, and the specifications of desired waste management services set forth in the Customer's solicitation, and proposals, purchase orders, work orders or requests (individually and collectively referred to as "Supporting Documents") shall be incorporated herein by reference.

1. TERM

This Agreement is effective during the contract term set forth above and will continue thereafter from year to year unless terminated pursuant to Section 18.

2. SCOPE OF WORK AND ORDERING PROVISION

As the Customer determines that it requires Services under this Agreement, the Customer shall submit a quotation and/or proposal from Laidlaw. If Laidlaw submits a quotation and/or proposal and it is accepted by Customer, Customer shall issue a purchase or work order or request to Laidlaw. The work to be performed at each specific job site shall be performed in accordance with and governed by the terms and conditions of this Agreement and the Supporting Documents.

3. SCHEDULING

Unless the quotation and/or proposal specifically provides otherwise, Customer shall contact Laidlaw to arrange a mutually acceptable schedule for delivery of Waste to the Laidlaw facility or Laidlaw's performance of Services.

4. COMPOSITION OF WASTE

For each type of Waste to be Serviced by Laidlaw, Customer shall, if requested by Laidlaw, provide Laidlaw with a sample of the Waste in an appropriate container. Customer shall provide Laidlaw with a description of the Waste to be Serviced (the "Waste Description"). The Waste Description shall be set forth in the relevant Supporting Documents and shall include a description of the Waste stream's chemical components, and the percentage composition of each such component, or the relative mass thereof, the process creating the Waste, Waste analysis results, if available, and a listing of unique chemical characteristics of the Waste. The percentage composition may be stated in ranges (e.g., 10% to 20%) to the extent acceptable to Laidlaw. It is understood and agreed that Laidlaw shall base its testing, evaluation and Service procedures on the Waste Description. Customer understands that Laidlaw may or may not analyze the representative sample provided by Customer. Customer understands that Laidlaw may require Customer to submit a Waste Description and/or sample of Waste either prior to or following Laidlaw's submission of a quotation or proposal. Laidlaw's issuance to Customer of a Waste acceptance notification constitutes only that Laidlaw is permitted to Service Customer's Waste; it is not an agreement by Laidlaw to accept, transport, treat, store, dispose of, or otherwise manage, Customer's Waste.

All Waste which Laidlaw determines does not meet the Waste Description thereto ("Nonconforming Waste") will be managed in accordance with provisions of Sections 5 and 11 of this Agreement.

Customer certifies that the Waste it sends to any Laidlaw facility contains no listed Chemical Hazardous (CHCs).

5. PRICE

The price for Servicing of the Waste shall be set forth in the Supporting Documents. The price will be increased to include any sum which Laidlaw is required to pay to local, state or federal governments or agencies by virtue of a tax, tariff, fee, surcharge or other charge on the transportation, storage, treatment or disposal of the Waste. Unless otherwise provided in the quotation or proposal, such sum will be invoiced to the Customer as a separate item on monthly statements. Upon thirty (30) days (all references to days herein refer to calendar days) written notice to Customer, Laidlaw may increase or decrease the price established for Servicing the Waste. If any Waste to which such price changes apply is delivered to Laidlaw more than thirty (30) days after Customer's receipt of such notice, Customer shall be deemed to have accepted such price changes.

Full payment is due within thirty (30) days of the invoice date. If transportation is provided by Laidlaw, shipping terms are FOB point of transfer. The parties agree that damages for breach of Customer's obligations under this portion of the Agreement would be difficult or impractical to determine as a result of the difficulty of precisely measuring the additional administrative costs that Laidlaw incurs for delinquent accounts. Because of the difficulty in determining the damages resulting from Customer's breach of its obligation to make payment when Laidlaw and Customer agree that, in the event Customer fails to make payment when

due, an amount equal to 1.5% per month will be added to all amounts outstanding to Laidlaw within thirty (30) days. This amount will be calculated on the number of days in excess of thirty (30) days past the invoice date to the date payment is received at Laidlaw. In addition, Customer shall be responsible for collection agency or legal fees, at a rate not to exceed percent (30%) of the amount due (including principal and interest), incurred in collection of an invoice. In order to assure accurate, mutually agreed charges and timely payment, Customer is responsible for notifying Laidlaw promptly of any question concerning a invoice.

Laidlaw reserves the right to assess a Nonconforming Waste service charge for any Waste it determines to be Nonconforming Waste.

Customer shall reimburse Laidlaw for taxes, tariffs, fees, surcharges, or other charges imposed by legislation or regulations enacted or promulgated after the execution date of this Agreement and levied specifically upon the transportation, treatment, storage, incineration or disposal of the Waste upon thirty (30) days written notice of such change in law and upon submission by Laidlaw of evidence that such charges have been levied.

6. COMMITMENT

This is neither a requirements contract nor an output contract. Customer is not committed to (a) any guarantee of a volume of business in quantity or dollars, or (b) participation by all Customer locations having requirements for the Services specified in the Agreement. The parties are contractually committed to a service agreement for a particular type of Waste only upon Laidlaw's confirmation of Customer's creditworthiness and Laidlaw's acceptance of a purchase or work order specifying the desired Services.

7. COMPLIANCE WITH LAWS AND REGULATIONS

Laidlaw warrants that it has all permits or approvals which are required for Service of Waste. Laidlaw shall furnish to Customer, upon request, proof of all such permits and approvals. Laidlaw and Customer shall give the other oral notice, immediately followed by written notice, of the modification, revocation or cancellation of, or decision not to renew, any permit or approval necessary for the generation or Servicing of any Waste subject to this Agreement.

If any change of communication from any municipal, local, state, federal or foreign agency occurs with respect to any laws, rules, regulations or ordinances applicable to the obligations contained in this Agreement or which materially impacts either party (including but not limited to changes which increase the cost of providing Services), either party shall have the option to immediately terminate this Agreement or to have the terms of this Agreement renegotiated to bring this Agreement and the respective obligations of the parties into compliance with such change or changes.

8. PACKAGING AND MARKING

All Waste shall be clearly described, coded, packaged, and labeled by Customer. Laidlaw upon written agreement, in accordance with all applicable DOT (49 CFR, Part 199), EPA, TSCA, and RCRA (requirements), or other applicable laws, rules, and regulations appropriate for the Servicing of the Waste.

Before transporting or off-loading Waste for transportation off site, each package of Waste shall be marked by Customer, or by Laidlaw upon written agreement, in accordance with 49 CFR, Parts 100, 199, and all other applicable laws, rules, and regulations.

Unless otherwise agreed upon in writing, Customer alone shall be responsible for any the Waste on to vehicles or other equipment provided by Laidlaw. Customer assumes all loss for its premises and for transportation vehicles, containers and other equipment in loading activities.

9. ACCESS TO PREMISES

Customer grants to Laidlaw its agents, subcontractors, as described in Section 2 of this Agreement, during the term of this Agreement, reasonable access to Customer's premises for purposes of fulfilling its obligations under this Agreement. Laidlaw shall comply with all safety procedures while on Customer's premises, provided that such procedures are made available to Laidlaw prior to entering Customer's premises.



NAME OF WASTE STREAM

MATERIAL PROFILE NO.

Hydraulic Oil☒ New ☐ Amendment

A. GENERATOR INFORMATION

Generator Name St. Louis Job Corp.Facility Address 4333 GoodfellowCity/County St. Louis / St. LouisState MO Zip Code 63120

USEPA ID#

State ID#

Technical Contact Mike MillerTelephone (314) 679-6289 EXT.Fax (314) 679-6244Billing Name St. Louis Job CorpBilling Address 4333 GoodfellowCity St. Louis State MO Zip Code 63120Attention Kathy MackTelephone (314) 679-6183 EXT.B. DOT Shipping Name Non-Regulated Material

Hazard Class

UN/NA No. Packing Group RQ

C. RCRA RCRA Non Hazardous/Exempt? ☒ Yes ☐ No Process Generating:Obsolete Material

State Waste Codes: EPA Waste Codes:

D. ANNUAL REPORT CODES

SIC Code:

Source Code: AForm Code: B

Origin Code:

System Type: M

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

- ☐ Gas (Cylinder) ☐ Solid
☐ Aerosol ☐ Sludges
☐ Lab-Pack ☒ Free Liquids 100%
100%

Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity ☒ Low ☐ Medium ☐ HighOdor ☐ None ☒ Mild ☐ Strong Describe:Color/Appearance: Amber/Brown Liquid

Weight
Density 8-9 lbs./gal. (US, liq) lbs./cu. foot
Dry Weight ☐ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH ☐ N/A ☒ 0-2 ☐ 4.1-10 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact

Flash Point (liquid only)
☐ <73°F (23°C) ☐ Boiling Point
☐ 73-140°F (23-60°C) ☐ <95°F (35°C)
☐ 142-200°F (61-93°C) ☒ >95°F (35°C)
☒ >200°F (93°C) ☐ N/A
☐ N/A

BTU/Lb. 12,000-15,000

H. PHYSICAL/CHEMICAL CONSTITUENTS

Hydraulic Oil 100%

G. METALS

☐ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	

Others:

Dermal Toxicity LD₅₀ (Mg/Kg)☐ ≤40 ☐ >200, ≤1000
☐ >40, ≤200 ☒ >10004. Material poisonous by inhalation? ☐ Yes ☒ NoOral Toxicity LD₅₀ (Mg/Kg)

Solids: ☐ ≤5 ☐ >5, ≤50
☐ >50, ≤200 ☐ >200
Liquids: ☐ >50, ≤500 ☒ >500

5. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☒ Yes ☐ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
	5 gal. pail		Cubic Yard Box*
	15 gal. carboy		Super Sack*
	30 gal. drum		Roll-off Dump Trailer
<input checked="" type="checkbox"/> 1	55 gal. drum		Tanker*
	85 gal. drum		Other

Per ☒ 1 Time ☐ Week ☐ Month
Year Other(*) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? Yes ☒ No

(Attach All MSDS, Sample Analysis and Additional Info.)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: [Signature]Date 3/5/93

Generator Name: St. Louis Job Corps

Profile # _____

CHARACTERISTICS OF HAZARDOUS WASTE: Indicate if this waste contains any of the following characteristics based on criteria mandated by 40 CFR 261.21, 261.22, 261.23 and 261.24.

Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)		Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)	
		Yes	No		Generator Knowledge	Actual Value			Yes	No		Generator Knowledge	Actual Value
D001 Ignitability	<140°F		<input checked="" type="checkbox"/>				D023 o-Cresol	200.0 ppm		<input checked="" type="checkbox"/>			
D002 Corrosivity	≤2 or ≥12.5		<input checked="" type="checkbox"/>				D024 m-Cresol	200.0 ppm		<input checked="" type="checkbox"/>			
D003 Reactivity			<input checked="" type="checkbox"/>				D025 p-Cresol	200.0 ppm		<input checked="" type="checkbox"/>			
D004 Arsenic	5.0 ppm		<input checked="" type="checkbox"/>				D026 Cresol	200.0 ppm		<input checked="" type="checkbox"/>			
D005 Barium	100.0 ppm		<input checked="" type="checkbox"/>				D027 1,4-Dichlorobenzene	7.5 ppm		<input checked="" type="checkbox"/>			
D006 Cadmium	1.0 ppm		<input checked="" type="checkbox"/>				D028 1,2-Dichloroethane	0.5 ppm		<input checked="" type="checkbox"/>			
D007 Chromium	5.0 ppm		<input checked="" type="checkbox"/>				D029 1,1-Dichloroethylene	0.7 ppm		<input checked="" type="checkbox"/>			
D008 Lead	5.0 ppm		<input checked="" type="checkbox"/>				D030 2,4-Dinitrotoluene	0.13 ppm		<input checked="" type="checkbox"/>			
D009 Mercury	0.2 ppm		<input checked="" type="checkbox"/>				D031 Heptachlor (and its epoxide)	0.008 ppm		<input checked="" type="checkbox"/>			
D010 Selenium	1.0 ppm		<input checked="" type="checkbox"/>				D032 Hexachlorobenzene	0.13 ppm		<input checked="" type="checkbox"/>			
D011 Silver	5.0 ppm		<input checked="" type="checkbox"/>				D033 Hexachlorobutadiene	0.5 ppm		<input checked="" type="checkbox"/>			
D012 Endrin	0.02 ppm		<input checked="" type="checkbox"/>				D034 Hexachlorocyclohexane	3.0 ppm		<input checked="" type="checkbox"/>			
D013 Lindane	0.4 ppm		<input checked="" type="checkbox"/>				D035 Methyl ethyl ketone	200.0 ppm		<input checked="" type="checkbox"/>			
D014 Methoxychlor	10.0 ppm		<input checked="" type="checkbox"/>				D036 Nitrobenzene	2.0 ppm		<input checked="" type="checkbox"/>			
D015 Toxaphene	0.5 ppm		<input checked="" type="checkbox"/>				D037 Pentachlorophenol	100.0 ppm		<input checked="" type="checkbox"/>			
D016 2,4-D	10.0 ppm		<input checked="" type="checkbox"/>				D038 Pyridine	5.0 ppm		<input checked="" type="checkbox"/>			
D017 2,4,5-TP Silvex	1.0 ppm		<input checked="" type="checkbox"/>				D039 Tetrachloroethylene	0.7 ppm		<input checked="" type="checkbox"/>			
D018 Benzene	0.5 ppm		<input checked="" type="checkbox"/>				D040 Trichloroethylene	0.5 ppm		<input checked="" type="checkbox"/>			
D019 Carbon Tetrachloride	0.5 ppm		<input checked="" type="checkbox"/>				D041 2,4,5-Trichlorophenol	400.0 ppm		<input checked="" type="checkbox"/>			
D020 Chlordane	0.03 ppm		<input checked="" type="checkbox"/>				D042 2,4,6-Trichlorophenol	2.0 ppm		<input checked="" type="checkbox"/>			
D021 Chlorobenzene	100.0 ppm		<input checked="" type="checkbox"/>				D043 Vinyl Chloride	0.2 ppm		<input checked="" type="checkbox"/>			
D022 Chloroform	6.0 ppm		<input checked="" type="checkbox"/>										

* As defined by the TCLP (Method 1311)

Note: If waste exhibits (or has exhibited) the characteristics of D001, D002, D003 or D012-D043, the UTS Certification on the back must be completed.

FACILITY SPECIFIC WASTE INFORMATION:

- Does this waste contain any of the following: Pesticides, Herbicides, or Dioxins? Please check one: Yes _____ No ☒
- Does this waste contain any bio/degradable sorbents as described by 40 CFR 264.314/265.314? Please check one: Yes _____ No ☒
- Are there any electroplating, aluminum conversion coating or similar processes conducted at the generating facility? Please check one: Yes _____ No ☒
- Is (was) the waste a wastewater, that is not in itself a listed RCRA Waste (F or K) but by treating the wastewater would create a sludge that is a RCRA listed waste (e.g. F006 sludges from the treatment of electroplating wastewater F019 sludges from aluminum chemical conversion coating wastewaters)? Please check one: Yes _____ No ☒
If yes, please indicate waste code(s) _____

Indicate the expected concentrations of the following parameters for this waste stream:

Ammonia (ppm) _____ Ash (%) _____ Chloride (ppm) _____ COD (ppm) _____ Oil (%) _____ Thallium (ppm) _____ TOC (ppm) _____ VOC (ppm) _____

REPRESENTATIVE SAMPLE CERTIFICATION:

I certify (by my signature below) that the sample presented is representative of the waste, and has been collected in accordance with "Test Methods for the Evaluation of Solid Waste, Physical / Chemical Methods" SW846, USEPA, Office Solid Waste, Washington, D.C. 20460.

GENERATOR CERTIFICATION:

I hereby certify that all information submitted on this form and all attached documents are true and accurate. In the event that this form is not fully completed, I authorize Laidlaw Environmental Services, Inc. to conduct necessary testing at expense to properly complete the form, and to modify my profile based upon the analytical data on the representative sample sent upon my notification.

Print Name: T. J. Walker, Jr. Signature: [Signature] Title: Dir. of Admin. Date: 3/15/98

THIS PROFILE ADDENDUM/RECERTIFICATION IS REQUIRED FOR EACH PROFILE SUBMITTED TO LAIDLAW ENVIRONMENTAL SERVICES, INC.
ORIGINAL SIGNATURE REQUIRED



NAME OF WASTE STREAM

MATERIAL PROFILE NO

Empty Drums

☒ New ☐ Amendment

A. GENERATOR INFORMATION

Generator Name St. Louis Job CorpsFacility Address
4333 Good fellowCity/County St. Louis / St. LouisState MO Zip Code 63120

USEPA ID#

State ID#

Technical Contact Mike MillerTelephone (314) 679-6285 EXT.Fax (314) 679-6244Billing Name ST. LOUIS JOB CORPBilling Address 4333 Good fellowCity ST. LOUIS State MO Zip Code 63120Attention Kathy MackTelephone (314) 679-6153 EXT.B. DOT Shipping Name Non-Regulated Material

Hazard Class

UN/NA No. Packing Group RQ

C. RCRA RCRA Non Hazardous/Exempt? ☒ Yes ☐ No Process Generating:Obsolete Material

State Waste Codes: EPA Waste Codes:

D. ANNUAL REPORT CODES

SIC Code:

Source Code: AForm Code: B

Origin Code:

System Type: M

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
2. NRC Regulated Radioactive? ☐ Yes ☒ No
3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

- ☐ Gas (Cylinder) ☒ Solid 100%
☐ Aerosol ☐ Sludges
☐ Lab-Pack ☐ Free Liquids 100%

Layers
☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity
☐ Low ☐ Medium ☒ HighOdor
☒ None ☐ Mild ☐ Strong Describe:Color/Appearance: Steel + Poly DrumsWeight
Density 12-15 lbs./gal. (US, liq) lbs./cu. foot
Dry Weight ☐ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%pH N/A
☐ 0-2 ☐ 4.1-10 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact

Flash Point (liquid only)

- ☐ <73°F (23°C)
☐ 73-140°F (23-60°C)
☐ 142-200°F (61-93°C)
☐ >200°F (93°C)
☒ N/A

Boiling Point

- ☐ <95°F (35°C)
☐ >95°F (35°C)
☒ N/A

BTU/Lb.

Dermal Toxicity LD₅₀ (Mg/Kg)

- ☐ ≤40 ☐ >200, ≤1000
☐ >40, ≤200 ☒ >1000

4. Material poisonous by inhalation? ☐ Yes ☒ NoOral Toxicity LD₅₀ (Mg/Kg)

- ☐ ≤5 ☐ >5, ≤50
Solids: ☐ >50, ≤200 ☒ >200
Liquids: ☐ >50, ≤500 ☐ >500

5. Is this waste stored in vented drums? ☐ Yes ☒ No
6. Is this waste pumpable? ☐ Yes ☒ No
7. Is this waste polymerizable? ☐ Yes ☒ No
8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No
9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No
10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

H. PHYSICAL/CHEMICAL CONSTITUENTS

Empty 55G Steel
+ Poly Drums 100%

G. METALS

☐ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Copper		<input type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	
Zinc		<input type="checkbox"/>	<input type="checkbox"/>	
Others:				

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
	5 gl. pail		Cubic Yard Box
	15 gl. carboy		Super Sack
	30 gl. drum		Roll-off Dump Tra
<input checked="" type="checkbox"/> 2	55 gl. drum		Tanker
	85 gl. drum		Other

Per ☒ 1 Time ☐ Week ☐ Month
Year Other

(1) Is this waste regulated as a Marine Pollutant (49 CFR 171.8)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analysis and Additional Info)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:

Date

3/1/98

Profile # _____

Constituent		Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)	
			Yes	No		Generator Knowledge	Actual Value
D001	Ignitability	<140°F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D002	Corrosivity	≤2 or ≥12.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D003	Reactivity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D004	Arsenic	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D005	Barium	100.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D006	Cadmium	1.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D007	Chromium	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D008	Lead	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D009	Mercury	0.2 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D010	Selenium	1.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D011	Silver	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D012	Endrin	0.02 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D013	Lindane	0.4 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D014	Methoxychlor	10.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D015	Toxaphene	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D016	2,4-D	10.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D017	2,4,5-TP Silvex	1.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D018	Benzene	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D019	Carbon Tetrachloride	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D020	Chlordane	0.03 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D021	Chlorobenzene	100.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D022	Chloroform	6.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
D023	o-Cresol	200.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D024	m-Cresol	200.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D025	p-Cresol	200.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D026	Cresol	200.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D027	1,4-Dichlorobenzene	7.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D028	1,2-Dichloroethane	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D029	1,1-Dichloroethylene	0.7 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D030	2,4-Dinitrotoluene	0.13 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D031	Heptachlor (and its epoxide)	0.008 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D032	Hexachlorobenzene	0.13 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D033	Hexachlorobutadiene	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D034	Hexachlorocyclopentadiene	3.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D035	Methyl ethyl ketone	200.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D036	Nitrobenzene	2.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D037	Pentachlorophenol	100.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D038	Pyridine	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D039	Tetrachloroethylene	0.7 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D040	Trichloroethylene	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D041	2,4,5-Trichlorophenol	400.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D042	2,4,6-Trichlorophenol	2.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D043	Vinyl Chloride	0.2 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Note: If waste exhibits (or has exhibited) the characteristics of D001, D002, D003 or D012-D043, the UTS Certification on the back must be completed.

• Does this waste contain any of the following: Pesticides, Herbicides, or Dioxins? Please check one: Yes _____ No ✓
 • Does this waste contain any bio/degradable sorbents as described by 40 CFR 264.314/265.314? Please check one: Yes _____ No ✓
 • Are there any electroplating, aluminum conversion coating or similar processes conducted at the generating facility? Please check one: Yes _____ No ✓
 • Is (was) the waste a wastewater, that is not in itself a listed RCRA Waste (F or K) but by treating the wastewater would create a sludge that is a RCRA listed waste (e.g. F006 sludges from the treatment of electroplating wastewaters, F019 sludges from aluminum chemical conversion coating wastewaters)? Please check one: Yes _____ No ✓
 If yes, please indicate waste code(s) _____

Ammonia (ppm) _____ Ash (%) _____ Chloride (ppm) _____ COD (ppm) _____ Oil (%) _____ Thallium (ppm) _____ TOC (ppm) _____ VOC (ppm) _____

I certify (by my signature below) that the sample presented is representative of the waste, and has been collected in accordance with "Test Methods for the Evaluation of Solid Waste, Physical / Chemical Methods" SW846, USEPA, Office of Solid Waste, Washington, D.C. 20460.

I hereby certify that all information submitted on this form and all attached documents are true and accurate. In the event that this form is not fully completed, I authorize Lakdaw Environmental Services, Inc. to conduct necessary testing at my expense to properly complete the form, and to modify my profile based upon the analytical done on the representative sample sent upon my notification.

Print Name: L. S. Walker, Jr. Signature: [Signature] Title: Director Admin. Date: 11/1/88

THIS PROFILE ADDENDUM/RECERTIFICATION IS REQUIRED FOR EACH PROFILE SUBMITTED TO LAIDLAW ENVIRONMENTAL SERVICES, INC.
ORIGINAL SIGNATURE REQUIRED

NAME OF WASTE STREAM

MATERIAL PROFILE NO.

Latex Paint

☒ New ☐ Amendment

A. GENERATOR INFORMATION

Generator Name St. Louis Job CorpsFacility Address 4333 GoodfellowCity/County St. Louis/St. LouisState MO Zip Code 63120

USEPA ID#

State ID#

Technical Contact Mike MillerTelephone (314) 679-6289

EXT.

Fax (314) 679-6244Billing Name ST. LOUIS JOB CORPSBilling Address 4333 GoodfellowCity ST. LOUISState MOZip Code 63120Attention JOHN MILLERTelephone (314) 679-6153

EXT.

B. DOT Shipping Name Non-Regulated Material

Hazard Class

UN/NA No. Packing Group

RO

C. RCRA RCRA Non Hazardous/Exempt? ☒ Yes ☐ No Process Generating:Obsolete Material

State Waste Codes: EPA Waste Codes:

D. ANNUAL REPORT CODES

SIC Code:

Source Code: AForm Code: B

Origin Code:

System Type: M

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

F. PHYSICAL CHARACTERISTICS AT 70°F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

- ☐ Gas (Cylinder) ☒ Solid 10-40%
☐ Aerosol ☒ Sludges 0-10%
☐ Lab-Pack ☒ Free Liquids 60-90%
100%

Layers ☐ Single Layered ☒ Bi-layered ☐ Multi-layeredViscosity ☐ Low ☒ Medium ☐ HighOdor ☐ None ☒ Mild ☐ Strong Describe:Color/Appearance: Various

Weight
Density 9-10 lbs./gal. (US. liq) lbs./cu. foot
Dry Weight ☐ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH ☐ N/A ☒ 0-2 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact

Flash Point (liquid only)
☐ <73°F (23°C)
☐ 73-140°F (23-60°C)
☐ 142-200°F (61-93°C)
☒ >200°F (93°C)
☐ N/A
Boiling Point
☐ <95°F (35°C)
☒ >95°F (35°C)
☐ N/A

BTU/Lb.

Dermal Toxicity LD₅₀ (Mg/Kg)
☐ ≤40 ☐ >200, ≤1000
☐ >40, ≤200 ☒ >1000
4. Material poisonous by inhalation? ☐ Yes ☒ NoOral Toxicity LD₅₀ (Mg/Kg)
☐ ≤5 ☐ >5, ≤50
☐ >50, ≤200 ☐ >200
☐ >50, ≤500 ☒ >500
Solids: ☐ >50, ≤200 ☐ >200Liquids: ☐ >50, ≤500 ☒ >5005. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☐ Yes ☒ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

H. PHYSICAL/CHEMICAL CONSTITUENTS

Latex Paint in %
≤ 5 G Containers 100 %

G. METALS

☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L			
Barium	100 mg/L			
Cadmium	1 mg/L			
Chromium	5 mg/L			
Copper				
Lead	5 mg/L			
Mercury	0.2 mg/L			
Nickel	134 mg/L			
Selenium	1 mg/L			
Silver	5 mg/L			
Zinc				
Others:				

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
	5 gal. pail	<input checked="" type="checkbox"/>	Cubic Yard Box
	15 gal. carboy		Super Sack
	30 gal. drum		Roll-off Dump Truck
	55 gal. drum		Tanker
	85 gal. drum		Other

Per 1 Time ☐ Week ☐ Month ☐Year ☐ Other ☐

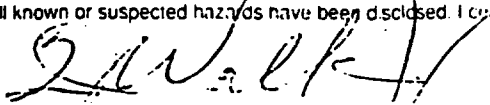
(1) Is this waste regulated as a Marine Pollutant (40 CFR 171.8)? ☐ Yes ☒ No

Attach All MSDS, Sample Analysis and Additional Info

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:


Date 3/15/98

Generator Name: St. Louis Job Corps

Profile # _____

CHARACTERISTICS OF HAZARDOUS WASTE: Indicate if this waste contains any of the following characteristics based on criteria mandated by 40 CFR 261.21, 261.22, 261.23 and 261.24.

Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)		Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)	
		Yes	No		Generator Knowledge	Actual Value			Yes	No		Generator Knowledge	Actual Value
D001 Ignitability	<140°F		<input checked="" type="checkbox"/>				D023 o-Cresol	200.0 ppm		<input checked="" type="checkbox"/>			
D002 Corrosivity	≤2 or ≥12.5		<input checked="" type="checkbox"/>				D024 m-Cresol	200.0 ppm		<input checked="" type="checkbox"/>			
D003 Reactivity			<input checked="" type="checkbox"/>				D025 p-Cresol	200.0 ppm		<input checked="" type="checkbox"/>			
D004 Arsenic	5.0 ppm		<input checked="" type="checkbox"/>				D026 Cresol	200.0 ppm		<input checked="" type="checkbox"/>			
D005 Barium	100.0 ppm		<input checked="" type="checkbox"/>				D027 1,4-Dichlorobenzene	7.5 ppm		<input checked="" type="checkbox"/>			
D006 Cadmium	1.0 ppm		<input checked="" type="checkbox"/>				D028 1,2-Dichloroethane	0.5 ppm		<input checked="" type="checkbox"/>			
D007 Chromium	5.0 ppm		<input checked="" type="checkbox"/>				D029 1,1-Dichloroethylene	0.7 ppm		<input checked="" type="checkbox"/>			
D008 Lead	5.0 ppm		<input checked="" type="checkbox"/>				D030 2,4-Dinitrotoluene	0.13 ppm		<input checked="" type="checkbox"/>			
D009 Mercury	0.2 ppm		<input checked="" type="checkbox"/>				D031 Heptachlor (and its epoxide)	0.008 ppm		<input checked="" type="checkbox"/>			
D010 Selenium	1.0 ppm		<input checked="" type="checkbox"/>				D032 Hexachlorobenzene	0.13 ppm		<input checked="" type="checkbox"/>			
D011 Silver	5.0 ppm		<input checked="" type="checkbox"/>				D033 Hexachlorobutadiene	0.5 ppm		<input checked="" type="checkbox"/>			
D012 Endrin	0.02 ppm		<input checked="" type="checkbox"/>				D034 Hexachlorocyclopentadiene	3.0 ppm		<input checked="" type="checkbox"/>			
D013 Lindane	0.4 ppm		<input checked="" type="checkbox"/>				D035 Methyl ethyl ketone	200.0 ppm		<input checked="" type="checkbox"/>			
D014 Methoxychlor	10.0 ppm		<input checked="" type="checkbox"/>				D036 Nitrobenzene	2.0 ppm		<input checked="" type="checkbox"/>			
D015 Toxaphene	0.5 ppm		<input checked="" type="checkbox"/>				D037 Pentachlorophenol	100.0 ppm		<input checked="" type="checkbox"/>			
D016 2,4-D	10.0 ppm		<input checked="" type="checkbox"/>				D038 Pyridine	5.0 ppm		<input checked="" type="checkbox"/>			
D017 2,4,5-TP Silox	1.0 ppm		<input checked="" type="checkbox"/>				D039 Tetrachloroethylene	0.7 ppm		<input checked="" type="checkbox"/>			
D018 Benzene	0.5 ppm		<input checked="" type="checkbox"/>				D040 Trichloroethylene	0.5 ppm		<input checked="" type="checkbox"/>			
D019 Carbon Tetrachloride	0.5 ppm		<input checked="" type="checkbox"/>				D041 2,4,5-Trichlorophenol	400.0 ppm		<input checked="" type="checkbox"/>			
D020 Chlordane	0.03 ppm		<input checked="" type="checkbox"/>				D042 2,4,6-Trichlorophenol	2.0 ppm		<input checked="" type="checkbox"/>			
D021 Chlorobenzene	100.0 ppm		<input checked="" type="checkbox"/>				D043 Vinyl Chloride	0.2 ppm		<input checked="" type="checkbox"/>			
D022 Chloroform	6.0 ppm		<input checked="" type="checkbox"/>										

* As defined by the TCLP (Method 1311)

Note: If waste exhibits (or has exhibited) the characteristics of D001, D002, D003 or D012-D043, the UTS Certification on the back must be completed.

FACILITY SPECIFIC WASTE INFORMATION:

- Does this waste contain any of the following: Pesticides, Herbicides, or Dioxins? Please check one: Yes _____ No ☒
- Does this waste contain any biodegradable sorbents as described by 40 CFR 264.314/265.314? Please check one: Yes _____ No ☒
- Are there any electroplating, aluminum conversion coating or similar processes conducted at the generating facility? Please check one: Yes _____ No ☒
- Is (was) the waste a wastewater, that is not in itself a listed RCRA Waste (F or K) but by treating the wastewater would create a sludge that is a RCRA listed waste (e.g. F006 sludges from the treatment of electroplating wastewater; F019 sludges from aluminum chemical conversion coating wastewaters)? Please check one: Yes _____ No ☒
If yes, please indicate waste code(s) _____

Indicate the expected concentrations of the following parameters for this waste stream:

Ammonia (ppm) _____ Ash (%) _____ Chloride (ppm) _____ COD (ppm) _____ Oil (%) _____ Thallium (ppm) _____ TOC (ppm) _____ VOC (ppm) _____

REPRESENTATIVE SAMPLE CERTIFICATION:

I certify (by my signature below) that the sample presented is representative of the waste, and has been collected in accordance with "Test Methods for the Evaluation of Solid Waste, Physical / Chemical Methods" SW846, USEPA, Office of Solid Waste, Washington, D.C. 20460.

GENERATOR CERTIFICATION:

I hereby certify that all information submitted on this form and all attached documents are true and accurate. In the event that this form is not fully completed, I authorize Laidlaw Environmental Services, Inc. to conduct necessary testing at its expense to properly complete the form, and to modify my profile based upon the analytical data on the representative sample sent upon my notification.

Print Name: T. J. Walker, Jr. Signature: [Signature] Title: Dir. of Admin. Date: 3/5/98

THIS PROFILE ADDENDUM/RECERTIFICATION IS REQUIRED FOR EACH PROFILE SUBMITTED TO LAIDLAW ENVIRONMENTAL SERVICES, INC.
ORIGINAL SIGNATURE REQUIRED

NAME OF WASTE STREAM

MATERIAL PROFILE NO

ENVIRONMENTAL
SERVICES

Waste Aerosols, Flammable

New ☐ Amendment ☐

A. GENERATOR INFORMATION

Generator Name St. Louis Job Corps

Facility Address

4333 GoodfellowCity/County St. Louis / St. LouisState MO Zip Code 63120

USEPA ID#

State ID#

Technical Contact Mike MillerTelephone (314) 679-6289

EXT.

Fax (314) 679-6244Billing Name ST. LOUIS JOB CORPS CENT.Billing Address 4333 GoodfellowCity St. LouisState MOZip Code 63120Attention KATHY MILLERTelephone (314) 679-6183

EXT.

B. DOT Shipping Name Waste AerosolsHazard Class 2.1UN/NA No. UN1950 Packing Group ROC. RCRA RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating:Obsolete MaterialState Waste Codes: EPA Waste Codes: D001

D. ANNUAL REPORT CODES

SIC Code:

Source Code: AForm Code: B

Origin Code:

System Type: M

E. OTHER COMPONENTS

	No	Yes	Total pp
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

- ☐ Gas (Cylinder) ☐ Solid _____ %
☒ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☐ Free Liquids _____ %
 100%

Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity ☐ Low ☒ Medium ☐ HighOdor ☐ None ☐ Mild ☒ Strong Describe: SolventColor/Appearance: Aerosol Cans

Weight
 Density 3-7 lbs./gal. (US. liq) _____ lbs./cu. foot
 Dry Weight ☐ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH N/A
☐ 0-2 ☒ 4.1-10 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact

Flash Point (liquid only)
☐ <73°F (23°C) ☐ Boiling Point
☒ 73-140°F (23-60°C) ☐ <95°F (35°C)
☐ 142-200°F (61-93°C) ☒ >95°F (35°C)
☐ >200°F (93°C) ☐ N/A

BTU/Lb.

Dermal Toxicity LD₅₀ (Mg/Kg)
☐ ≤40 ☐ >200, ≤1000
☐ >40, ≤200 ☒ >1000

4. Material poisonous by inhalation? ☐ Yes ☒ No

Oral Toxicity LD₅₀ (Mg/Kg)
☐ ≤5 ☐ >5, ≤50
☐ >50, ≤200 ☐ >200
 Solids: ☐ >50, ≤500 ☒ >500
 Liquids: ☐ >50, ≤500 ☒ >500

5. Is this waste stored in vented drums? ☐ Yes ☒ No
 6. Is this waste pumpable? ☐ Yes ☒ No
 7. Is this waste polymerizable? ☐ Yes ☒ No
 8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No
 9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No
 10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

G. METALS

☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L			
Barium	100 mg/L			
Cadmium	1 mg/L			
Chromium	5 mg/L			
Copper				
Lead	5 mg/L			
Mercury	0.2 mg/L			
Nickel	134 mg/L			
Selenium	1 mg/L			
Silver	5 mg/L			
Zinc				
Others:				

H. PHYSICAL/CHEMICAL CONSTITUENTS

Aerosol Cans of _____ %
Spray Lubricant, Paint, _____ %
Cleaners, etc. 100 %

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<u>1</u>	<u>5 gal. pail</u>		<u>Cubic Yard Box</u>
	<u>15 gal. carboy</u>		<u>Super Sack</u>
	<u>30 gal. drum</u>		<u>Roll-off Dump Tr.</u>
	<u>55 gal. drum</u>		<u>Tanker</u>
	<u>85 gal. drum</u>		<u>Other</u>

Per ☒ 1 Time ☐ Week ☐ Month
 Year Other

(1) Is this waste regulated as a Marine Pollutant (49 CFR 171.81)? ☐ Yes ☒ No

(Attach All MSDS, Sample Analysis, and Additional Info)

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions or composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:

[Signature]3/1/98

Generator Name: St. Louis Job Corps

Profile # _____

CHARACTERISTICS OF HAZARDOUS WASTE: Indicate if this waste contains any of the following characteristics based on criteria mandated by 40 CFR 261.21, 261.22, 261.23 and 261.24.

Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)		Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)	
		Yes	No		Generator Knowledge	Actual Value			Yes	No		Generator Knowledge	Actual Value
D001 Ignitability	<140°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D023 o-Cresol	200.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D002 Corrosivity	≤2 or ≥12.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D024 m-Cresol	200.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D003 Reactivity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D025 p-Cresol	200.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D004 Arsenic	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D026 Cresol	200.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D005 Barium	100.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D027 1,4-Dichlorobenzene	7.5 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D006 Cadmium	1.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D028 1,2-Dichloroethane	0.5 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D007 Chromium	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D029 1,1-Dichloroethylene	0.7 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D008 Lead	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D030 2,4-Dinitrotoluene	0.13 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D009 Mercury	0.2 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D031 Heptachlor (and its epoxides)	0.008 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D010 Selenium	1.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D032 Hexachlorobenzene	0.13 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D011 Silver	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D033 Hexachlorobutadiene	0.5 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D012 Endrin	0.02 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D034 Hexachloroethane	3.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D013 Lindane	0.4 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D035 Methyl ethyl ketone	200.0 ppm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D014 Methoxychlor	10.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D036 Nitrobenzene	2.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D015 Toxaphene	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D037 Pentachlorophenol	100.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D016 2,4-D	10.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D038 Pyridine	5.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D017 2,4,5-TP Silvex	1.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D039 Tetrachloroethylene	0.7 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D018 Benzene	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D040 Trichloroethylene	0.5 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D019 Carbon Tetrachloride	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D041 2,4,5-Trichlorophenol	400.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D020 Chlordane	0.03 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D042 2,4,6-Trichlorophenol	2.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D021 Chlorobenzene	100.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D043 Vinyl Chloride	0.2 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D022 Chloroform	6.0 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

* As defined by the TCLP (Method 1311)

Note: If waste exhibits (or has exhibited) the characteristics of D001, D002, D003 or D012-D043, the UTS Certification on the back must be completed.

FACILITY SPECIFIC WASTE INFORMATION:

- Does this waste contain any of the following: Pesticides, Herbicides, or Dioxins? Please check one: Yes _____ No ☒
- Does this waste contain any biodegradable solvents as described by 40 CFR 264.314/265.314? Please check one: Yes _____ No ☒
- Are there any electroplating, aluminum conversion coating or similar processes conducted at the generating facility? Please check one: Yes _____ No ☒
- Is (was) the waste a wastewater, that is not in itself a listed RCRA Waste (F or K) but by treating the wastewater would create a sludge that is a RCRA listed waste (e.g. F006 sludges from the treatment of electroplating waste F019 sludges from aluminum chemical conversion coating wastewaters)? Please check one: Yes _____ No ☒
If yes, please indicate waste code(s) _____

Indicate the expected concentrations of the following parameters for this waste stream:

Ammonia (ppm) _____ Ash (%) _____ Chloride (ppm) _____ COD (ppm) _____ Oil (%) _____ Thallium (ppm) _____ TOC (ppm) _____ VOC (ppm) _____

REPRESENTATIVE SAMPLE CERTIFICATION:

I certify (by my signature below) that the sample presented is representative of the waste, and has been collected in accordance with "Test Methods for the Evaluation of Solid Waste, Physical / Chemical Methods" SW846, USEPA, Office of Solid Waste, Washington, D.C. 20460.

GENERATOR CERTIFICATION:

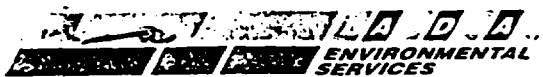
I hereby certify that all information submitted on this form and all attached documents are true and accurate. In the event that this form is not fully completed, I authorize Laidlaw Environmental Services, Inc. to conduct necessary testing in response to properly complete the form, and to modify my profile based upon the analytical data on the representative sample sent upon my notification.

Print Name: T. J. Walker Jr Signature: [Signature] Title: Dir. of Admin. Date: 3/5/98

THIS PROFILE ADDENDUM/RECERTIFICATION IS REQUIRED FOR EACH PROFILE SUBMITTED TO LAIDLAW ENVIRONMENTAL SERVICES, INC.
ORIGINAL SIGNATURE REQUIRED

NAME OF WASTE STREAM

MATERIAL PROFILE NO.


☒ New ☐ Amendment

Waste Aerosols, Toxic

A. GENERATOR INFORMATION

Generator Name St. Louis Job CorpsFacility Address 4333 GoodfellowCity/County St. Louis/St. LouisState MO Zip Code 63120

USEPA ID#

State ID#

Technical Contact Mike MillerTelephone (314) 679-6289 EXT.Fax (314) 679-6244Billing Name St. Louis Job Corps Cen.Billing Address 4333 GoodfellowCity St. Louis State MO Zip Code 63120Attention Kenny DineenTelephone (314) 679-6153 EXT.B. DOT Shipping Name Waste AerosolsHazard Class 2.3UN/NA No. UN1950 Packing Group II RQC. RCRA RCRA Non Hazardous/Exempt? ☐ Yes ☒ No Process Generating:Obsolete Material

State Waste Codes: EPA Waste Codes:

D. ANNUAL REPORT CODES

SIC Code:

Source Code: AForm Code: B

Origin Code:

System Type: M

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

F. PHYSICAL CHARACTERISTICS AT 70°F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

- ☐ Gas (Cylinder) ☐ Solid _____ %
☒ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☐ Free Liquids _____ %
 100%

Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity ☐ Low ☒ Medium ☐ HighOdor ☐ None ☐ Mild ☒ Strong Describe: SolventColor/Appearance: Aerosol Cans

Weight
Density _____ lbs./gal. (US. liq) _____ lbs./cu. foot
Dry Weight ☐ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH N/A
☐ 0-2 ☐ 4.1-10 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact

Flash Point (liquid only)
☐ <73°F (23°C) ☐ Boiling Point
☐ 73-140°F (23-60°C) ☐ <95°F (35°C)
☐ 142-200°F (61-93°C) ☐ >95°F (35°C)
☐ >200°F (93°C) ☐ N/A

BTU/Lb.

H. PHYSICAL/CHEMICAL CONSTITUENTS

_____%
 _____%
 _____%
 _____%
 _____%

G. METALS

☐ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L			
Barium	100 mg/L			
Cadmium	1 mg/L			
Chromium	5 mg/L			
Copper				
Lead	5 mg/L			
Mercury	0.2 mg/L			
Nickel	134 mg/L			
Selenium	1 mg/L			
Silver	5 mg/L			
Zinc				
Others:				

Dermal Toxicity LD₅₀ (Mg/Kg)
☐ ≤40 ☐ >200, ≤1000
☐ >40, ≤200 ☒ >1000

4. Material poisonous by inhalation? ☐ Yes ☒ NoOral Toxicity LD₅₀ (Mg/Kg)☐ ≤5 ☐ >5, ≤50Solids: ☐ >50, ≤200 ☐ >200Liquids: ☒ >50, ≤500 ☐ >500

5. Is this waste stored in vented drums? ☐ Yes ☒ No
 6. Is this waste pumpable? ☐ Yes ☒ No
 7. Is this waste polymerizable? ☐ Yes ☒ No
 8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No
 9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No
 10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
<u>1</u>	5 gal. pail		Cubic Yard Box
	15 gal. carboy		Super Sack
	20 gal. drum		Roll-off Dump Trail
	55 gal. drum		Tanker
	55 gal. drum		Other

Per ☒ 1 Time ☐ Week ☐ Month
 Year Other

11. Is this waste regulated as a Marine Pollutant (40 CFR 171.81)? ☐ Yes ☒ No

Attach All MSDS, Sample Analysis and Additional Info.

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions or composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:

Date: 3/5/98

Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)	
		Yes	No		Generator Knowledge	Actual Value
D001 Ignitability	<140°F	/				
D002 Corrosivity	≤2 or ≥12.5					
D003 Reactivity						
D004 Arsenic	5.0 ppm					
D005 Barium	100.0 ppm					
D006 Cadmium	1.0 ppm					
D007 Chromium	5.0 ppm					
D008 Lead	5.0 ppm					
D009 Mercury	0.2 ppm					
D010 Selenium	1.0 ppm					
D011 Silver	5.0 ppm					
D012 Endrin	0.02 ppm					
D013 Lindane	0.4 ppm					
D014 Methoxychlor	10.0 ppm					
D015 Toxaphene	0.5 ppm					
D016 2,4-D	10.0 ppm					
D017 2,4,5-TP Silox	1.0 ppm					
D018 Benzene	0.5 ppm					
D019 Carbon Tetrachloride	0.5 ppm					
D020 Chlordane	0.03 ppm					
D021 Chlorobenzene	100.0 ppm					
D022 Chloroform	6.0 ppm					
D023 m-Cresol	200.0 ppm					
D024 p-Cresol	200.0 ppm					
D025 o-Cresol	200.0 ppm					
D026 1,4-Dichlorobenzene	7.5 ppm					
D027 1,2-Dichloroethane	0.5 ppm					
D028 1,1-Dichloroethylene	0.7 ppm					
D029 2,4-Dinitrotoluene	0.13 ppm					
D030 Heptachlor (and its epoxide)	0.008 ppm					
D031 Hexachlorobenzene	0.13 ppm					
D032 Hexachlorocyclopentadiene	0.5 ppm					
D033 Hexachlorocyclohexane	3.0 ppm					
D034 Methyl ethyl ketone	200.0 ppm					
D035 Nitrobenzene	2.0 ppm					
D036 Pentachlorophenol	100.0 ppm					
D037 Pyridine	5.0 ppm					
D038 Tetrachloroethylene	0.7 ppm					
D039 Trichloroethylene	0.5 ppm					
D040 2,4,5-Trichlorophenol	400.0 ppm					
D041 2,4,6-Trichlorophenol	2.0 ppm					
D042 Vinyl Chloride	0.2 ppm					

Note: If waste exhibits (or has exhibited) the characteristics of D001, D002, D003 or D012-D043, the UTS Certification on the back must be completed.

• Does this waste contain any of the following: Pesticides, Herbicides, or Dioxins? Please check one: Yes _____ No ✓

• Does this waste contain any bioorganic solvents as described by 40 CFR 264.314/265.314? Please check one: Yes _____ No ✓

• Are there any electroplating, aluminum conversion coating or similar processes conducted at the generating facility? Please check one: Yes _____ No ✓

• Is (was) the waste a wastewater, that is not in itself a listed RCRA Waste (F or K) but by treating the wastewater would create a sludge that is a RCRA listed waste (e.g. F006 sludges from the treatment of electroplating wastewater; F019 sludges from aluminum chemical conversion coating wastewaters)? Please check one: Yes _____ No ✓
If yes, please indicate waste code(s) _____

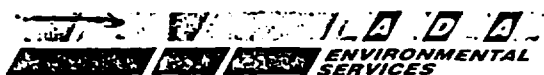
Ammonia (ppm) _____ Ash (%) _____ Chloride (ppm) _____ COD (ppm) _____ Oil (%) _____ Thallium (ppm) _____ TOC (ppm) _____ VOC (ppm) _____

I certify (by my signature below) that the sample presented is representative of the waste, and has been collected in accordance with "Test Methods for the Evaluation of Solid Waste, Physical / Chemical Methods" SW846, USEPA, Office of Solid Waste, Washington, D.C. 20460.

I hereby certify that all information submitted on this form and all attached documents are true and accurate. In the event that this form is not fully completed, I authorize Laidlaw Environmental Services, Inc. to conduct necessary testing at its expense to properly complete the form, and to modify my profile based upon the analytical data done on the representative sample sent upon my notification.

Print Name: 1-1 Walker, H. Signature: [Signature] Title: Nic. 2nd Admin. Date: 3/5/98

THIS PROFILE ADDENDUM/RECERTIFICATION IS REQUIRED FOR EACH PROFILE SUBMITTED TO LAIDLAW ENVIRONMENTAL SERVICES, INC.
ORIGINAL SIGNATURE REQUIRED


☒ New ☐ Amendment

Waste Paint

A. GENERATOR INFORMATION

Generator Name St. Louis Job Corp.Facility Address H333 GoodfellowCity/County St. Louis / St. LouisState MO Zip Code 63120

USEPA ID#

State ID#

Technical Contact Mike MillerTelephone (314) 679-6289 EXT.Fax (314) 679-6244Billing Name St. Louis Job Corp. CellBilling Address 4333 GoodfellowCity St. LouisState MO Zip Code 63120Attention Nancy MackTelephone (314) 679-6152 EXT.B. DOT Shipping Name Waste Paint Related MaterialHazard Class 3UN/NA No. UN1263 Packing Group II RQC. RCRA RCRA Non Hazardous Exempt? ☐ Yes ☒ No Process Generating:Obsolete MaterialState Waste Codes: EPA Waste Codes: D001, D035,F003, F005

D. ANNUAL REPORT CODES

SIC Code:

Source Code: AForm Code: B

Origin Code:

System Type: M

E. OTHER COMPONENTS

	No	Yes	Total pp
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other

Weight
 Density lbs./gal. (US, liq) lbs./cu. foot
 Dry Weight ☐ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH N/A
☐ 0-2 ☐ 4.1-10 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact

Dermal Toxicity LD₅₀ (Mg-Kg)
☐ ≤40 ☐ >200, ≤1000
☐ >40, ≤200 ☐ >1000
4. Material poisonous by inhalation? ☐ Yes ☐ NoOral Toxicity LD₅₀ (Mg-Kg)
☐ ≤5 ☐ >5, ≤50
☐ >50, ≤200 ☐ >200
 Solids: ☐ >50, ≤500 ☐ >500
 Liquids: ☐ >50, ≤500 ☐ >500

- ☐ Gas (Cylinder) ☒ Solid 50-60%
☐ Aerosol ☒ Sludges 0-20%
☐ Lab-Pack ☒ Free Liquids 30-40%
100%

Flash Point (liquid only)
☐ <73°F (23°C) ☐ Boiling Point
☒ 73-140°F (23-60°C) ☐ <95°F (35°C)
☐ 142-200°F (61-93°C) ☒ >95°F (35°C)
☐ >200°F (93°C) ☐ N/A
 N/A

BTU/Lb.

10,000 - 15,000Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity ☐ Low ☒ Medium ☐ HighOdor ☐ None ☐ Mild ☒ Strong Describe: PaintColor/Appearance: Various

H. PHYSICAL/CHEMICAL CONSTITUENTS

Paint/Thinner in
55 Gallon Containers 100%

G. METALS

☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L			
Barium	100 mg/L			
Cadmium	1 mg/L			
Chromium	5 mg/L			
Copper				
Lead	5 mg/L			
Mercury	0.2 mg/L			
Nickel	134 mg/L			
Selenium	1 mg/L			
Silver	5 mg/L			
Zinc				
Others:				

I. ANTICIPATED VOLUME

Qty. Container Qty. Container

5 gal. pail ☒ Cubic Yard Box
 15 gal. carboy ☐ Super Sack
 30 gal. drum ☐ Roll-off Dump Tr
 55 gal. drum ☐ Tanker
 85 gal. drum ☐ Other

Per ☒ 1 Time ☐ Week ☐ Month
☐ Year ☐ Other

Is this waste regulated as a Marine Pollutant
 (40 CFR 171.8)? Yes ☒ No

Attach All MSDS, Sample Analyses and Additional Info

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:

Generator Name: St. Louis Job Corps

Profile # _____

CHARACTERISTICS OF HAZARDOUS WASTE: Indicate if this waste contains any of the following characteristics based on criteria mandated by 40 CFR 261.21, 261.22, 261.23 and 261.24.

Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)		Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)	
		Yes	No		Generator Knowledge	Actual Value			Yes	No		Generator Knowledge	Actual Value
D001 Ignitability	<140°F						D023 o-Cresol	200.0 ppm					
D002 Corrosivity	≤2 or ≥12.5						D024 m-Cresol	200.0 ppm					
D003 Reactivity							D025 p-Cresol	200.0 ppm					
D004 Arsenic	5.0 ppm						D026 Cresol	200.0 ppm					
D005 Barium	100.0 ppm						D027 1,4-Dichlorobenzene	7.5 ppm					
D006 Cadmium	1.0 ppm						D028 1,2-Dichloroethane	0.5 ppm					
D007 Chromium	5.0 ppm						D029 1,1-Dichloroethylene	0.7 ppm					
D008 Lead	5.0 ppm						D030 2,4-Dinitrotoluene	0.13 ppm					
D009 Mercury	0.2 ppm						D031 Heptachlor (and its epoxides)	0.008 ppm					
D010 Selenium	1.0 ppm						D032 Hexachlorobenzene	0.13 ppm					
D011 Silver	5.0 ppm						D033 Hexachlorobutadiene	0.5 ppm					
D012 Endrin	0.02 ppm						D034 Hexachlorocyclopentadiene	3.0 ppm					
D013 Lindane	0.4 ppm						D035 Methyl ethyl ketone	200.0 ppm					
D014 Methoxychlor	10.0 ppm						D036 Nitrobenzene	2.0 ppm					
D015 Toxaphene	0.5 ppm						D037 Pentachlorophenol	100.0 ppm					
D016 2,4-D	10.0 ppm						D038 Pyridine	5.0 ppm					
D017 2,4,5-TP Silvex	1.0 ppm						D039 Tetrachloroethylene	0.7 ppm					
D018 Benzene	0.5 ppm						D040 Trichloroethylene	0.5 ppm					
D019 Carbon Tetrachloride	0.5 ppm						D041 2,4,5-Trichlorophenol	400.0 ppm					
D020 Chlordane	0.03 ppm						D042 2,4,6-Trichlorophenol	2.0 ppm					
D021 Chlorobenzene	100.0 ppm						D043 Vinyl Chloride	0.2 ppm					
D022 Chloroform	6.0 ppm		<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>			

* As defined by the TCLP (Method 1311)

Note: If waste exhibits (or has exhibited) the characteristics of D001, D002, D003 or D012-D043, the UTS Certification on the back must be completed.

FACILITY SPECIFIC WASTE INFORMATION:

- Does this waste contain any of the following: Pesticides, Herbicides, or Dioxins? Please check one: Yes _____ No ☒
- Does this waste contain any bio-degradable sorbents as described by 40 CFR 264.314/265.314? Please check one: Yes _____ No ☒
- Are there any electroplating, aluminum conversion coating or similar processes conducted at the generating facility? Please check one: Yes _____ No ☒
- Is (was) the waste a wastewater, that is not in itself a listed RCRA Waste (F or K) but by treating the wastewater would create a sludge that is a RCRA listed waste (e.g. F006 sludges from the treatment of electroplating wastewater)? Please check one: Yes _____ No ☒
If yes, please indicate waste code(s) _____

Indicate the expected concentrations of the following parameters for this waste stream:

Ammonia (ppm) _____ Ash (%) _____ Chloride (ppm) _____ COD (ppm) _____ Oil (%) _____ Thallium (ppm) _____ TOC (ppm) _____ VOC (ppm) _____

REPRESENTATIVE SAMPLE CERTIFICATION:

I certify (by my signature below) that the sample presented is representative of the waste, and has been collected in accordance with "Test Methods for the Evaluation of Solid Waste, Physical / Chemical Methods" SW846, USEPA, Office of Solid Waste, Washington, D.C. 20460.

GENERATOR CERTIFICATION:

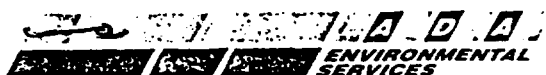
I hereby certify that all information submitted on this form and all attached documents are true and accurate. In the event that this form is not fully completed, I authorize Laidlaw Environmental Services, Inc. to conduct necessary testing at my expense to properly complete the form, and to modify my profile based upon the analytical data on the representative sample sent upon my notification.

Print Name: T. J. Walker, Jr. Signature: [Signature] Title: Dir. of Admin. Date: 3/5/98

THIS PROFILE ADDENDUM/RECERTIFICATION IS REQUIRED FOR EACH PROFILE SUBMITTED TO LAIDLAW ENVIRONMENTAL SERVICES, INC.
ORIGINAL SIGNATURE REQUIRED

NAME OF WASTE STREAM

MATERIAL PROFILE NO.



Aerosols

☒ New ☐ Amendment

A. GENERATOR INFORMATION

Generator Name St. Louis Job CorpsFacility Address 4333 GoodfellowCity/County St. Louis / St. LouisState MO Zip Code 63120

USEPA ID# _____

State ID# _____

Technical Contact Mike MillerTelephone (314) 675-6289 EXT. _____Fax (314) 675-6244Billing Name ST. LOUIS JOB CORPS CENT.Billing Address 4333 Goodfellow Blvd.City ST. LOUIS State MO Zip Code 63120Attention KATY MILLERTelephone (314) 675-6283 EXT. _____B. DOT Shipping Name AerosolsHazard Class 2.2UN/NA No UN1950 Packing Group _____ RQ _____C. RCRA RCRA Non Hazardous Exempt? ☒ Yes ☐ No Process Generating: _____Obsolete MaterialState Waste Codes: _____ EPA Waste Codes: nonh

D. ANNUAL REPORT CODES

SIC Code: _____

Source Code: AForm Code: B

Origin Code: _____

System Type: M

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☒ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☐ Free Liquids _____ %
 100%

Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity ☐ Low ☐ Medium ☒ HighOdor ☒ None ☐ Mild ☐ Strong Describe: _____Color/Appearance: Aerosol Can

Weight
 Density _____ lbs./gal. (US, liq) _____ lbs./cu. foot
 Dry Weight ☐ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH ☐ N/A ☐ 0-2 ☐ 4.1-10 ☐ ≥ 12.5
☐ 2.1-4 ☐ 10.1-12.4 Exact _____

Flash Point (liquid only)
☐ <73°F (23°C) ☐ Boiling Point
☐ 73-140°F (23-60°C) ☐ <95°F (35°C)
☐ 142-200°F (61-93°C) ☐ >95°F (35°C)
☐ >200°F (93°C) ☐ N/A
 N/A

BTU/Lb. _____

H. PHYSICAL/CHEMICAL CONSTITUENTS

Non-Regulated _____ %
Aerosols _____ 100%

G. METALS

☒ NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L			
Barium	100 mg/L			
Cadmium	1 mg/L			
Chromium	5 mg/L			
Copper				
Lead	5 mg/L			
Mercury	0.2 mg/L			
Nickel	134 mg/L			
Selenium	1 mg/L			
Silver	5 mg/L			
Zinc				
Others:				

Dermal Toxicity LD₅₀ (Mg/Kg)
☐ ≤40 ☐ >200. ≤1000
☐ >40. ≤200 ☐ >1000
4. Material poisonous by inhalation? ☐ Yes ☒ NoOral Toxicity LD₅₀ (Mg/Kg)
☐ ≤5 ☐ >5. ≤50
☐ >50. ≤200 ☐ >200
☐ >50. ≤500 ☐ >500
5. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☐ Yes ☒ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
_____	5 gal. pail	_____	Cubic Yard Box*
_____	15 gal. carboy	_____	Super Sack*
_____	30 gal. drum	_____	Roll-off Dump Tr.
_____	55 gal. drum	_____	Tanker*
_____	85 gal. drum	_____	Other _____
Per _____	Time _____	Week _____	Month _____
	Year _____	Other _____	

☐ Is this waste regulated as a Marine Pollutant (40 CFR 171.81)? ☐ Yes ☒ No

Attach All MSDS, Sample Analysis and Additional Info

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature: _____

Date 3/1/95

PROFILE ADDENDUM

Generator Name: St. Louis Job Corps

Profile # _____

CHARACTERISTICS OF HAZARDOUS WASTE: Indicate if this waste contains any of the following characteristics based on criteria mandated by 40 CFR 261.21, 261.22, 261.23 and 261.24.

Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)		Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)	
		Yes	No		Generator Knowledge	Actual Value			Yes	No		Generator Knowledge	Actual Value
D001 Ignitability	<140°F	_____	_____	_____	_____	_____	D023 n-Cresol	200.0 ppm	_____	_____	_____	_____	_____
D002 Corrosivity	≤2 or ≥12.5	_____	_____	_____	_____	_____	D024 m-Cresol	200.0 ppm	_____	_____	_____	_____	_____
D003 Reactivity		_____	_____	_____	_____	_____	D025 p-Cresol	200.0 ppm	_____	_____	_____	_____	_____
D004 Arsenic	5.0 ppm	_____	_____	_____	_____	_____	D026 Cresol	200.0 ppm	_____	_____	_____	_____	_____
D005 Barium	100.0 ppm	_____	_____	_____	_____	_____	D027 1,4-Dichlorobenzene	7.5 ppm	_____	_____	_____	_____	_____
D006 Cadmium	1.0 ppm	_____	_____	_____	_____	_____	D028 1,2-Dichloroethane	0.5 ppm	_____	_____	_____	_____	_____
D007 Chromium	5.0 ppm	_____	_____	_____	_____	_____	D029 1,1-Dichloroethylene	0.7 ppm	_____	_____	_____	_____	_____
D008 Lead	5.0 ppm	_____	_____	_____	_____	_____	D030 2,4-Dinitrotoluene	0.13 ppm	_____	_____	_____	_____	_____
D009 Mercury	0.2 ppm	_____	_____	_____	_____	_____	D031 Heptachlor (and its epoxide)	0.008 ppm	_____	_____	_____	_____	_____
D010 Selenium	1.0 ppm	_____	_____	_____	_____	_____	D032 Hexachlorobenzene	0.13 ppm	_____	_____	_____	_____	_____
D011 Silver	5.0 ppm	_____	_____	_____	_____	_____	D033 Hexachlorobutadiene	0.5 ppm	_____	_____	_____	_____	_____
D012 Endrin	0.02 ppm	_____	_____	_____	_____	_____	D034 Hexachloroethane	3.0 ppm	_____	_____	_____	_____	_____
D013 Lindane	0.4 ppm	_____	_____	_____	_____	_____	D035 Methyl ethyl ketone	200.0 ppm	_____	_____	_____	_____	_____
D014 Methoxychlor	10.0 ppm	_____	_____	_____	_____	_____	D036 Nitrobenzene	2.0 ppm	_____	_____	_____	_____	_____
D015 Toxaphene	0.5 ppm	_____	_____	_____	_____	_____	D037 Pentachlorophenol	100.0 ppm	_____	_____	_____	_____	_____
D016 2,4-D	10.0 ppm	_____	_____	_____	_____	_____	D038 Pyridine	5.0 ppm	_____	_____	_____	_____	_____
D017 2,4,5-TP Silvex	1.0 ppm	_____	_____	_____	_____	_____	D039 Tetrachloroethylene	0.7 ppm	_____	_____	_____	_____	_____
D018 Benzene	0.5 ppm	_____	_____	_____	_____	_____	D040 Trichloroethylene	0.5 ppm	_____	_____	_____	_____	_____
D019 Carbon Tetrachloride	0.5 ppm	_____	_____	_____	_____	_____	D041 2,4,5-Trichlorophenol	400.0 ppm	_____	_____	_____	_____	_____
D020 Chloroform	0.03 ppm	_____	_____	_____	_____	_____	D042 2,4,6-Trichlorophenol	2.0 ppm	_____	_____	_____	_____	_____
D021 Chlorobenzene	100.0 ppm	_____	_____	_____	_____	_____	D043 Vinyl Chloride	0.2 ppm	_____	_____	_____	_____	_____
D022 Chloroform	6.0 ppm	_____	_____	_____	_____	_____							

* As defined by the TCLP (Method 1311)

Note: If waste exhibits (or has exhibited) the characteristics of D001, D002, D003 or D012-D043, the UTS Certification on the back must be completed.

FACILITY SPECIFIC WASTE INFORMATION:

- Does this waste contain any of the following: Pesticides, Herbicides, or Dioxins? Please check one: Yes _____ No ☒
- Does this waste contain any bioaccumulative substances as described by 40 CFR 264.314/265.314? Please check one: Yes _____ No ☒
- Are there any electroplating, aluminum conversion coating or similar processes conducted at the generating facility? Please check one: Yes _____ No ☒
- Is (was) the waste a wastewater, that is not in itself a listed RCRA Waste (F or K) but by treating the wastewater would create a sludge that is a RCRA listed waste (e.g. F006 sludges from the treatment of electroplating wastewater F019 sludges from aluminum chemical conversion coating wastewaters)? Please check one: Yes _____ No ☒
If yes, please indicate waste code(s) _____

Indicate the expected concentrations of the following parameters for this waste stream:

Ammonia (ppm) _____ Ash (%) _____ Chloride (ppm) _____ COD (ppm) _____ Oil (%) _____ Thallium (ppm) _____ TOC (ppm) _____ VOC (ppm) _____

REPRESENTATIVE SAMPLE CERTIFICATION:

I certify (by my signature below) that the sample presented is representative of the waste, and has been collected in accordance with "Test Methods for the Evaluation of Solid Waste, Physical / Chemical Methods" SW846, USEPA, Office of Solid Waste, Washington, D.C. 20460.

GENERATOR CERTIFICATION:

I hereby certify that all information submitted on this form and all attached documents are true and accurate. In the event that this form is not fully completed, I authorize Laidlaw Environmental Services, Inc. to conduct necessary testing at expense to properly complete the form and to modify my profile based upon the analytical data on the representative sample sent upon my notification.

Print Name: T. J. Walker, Jr. Signature: [Signature] Title: Dir. of Admin. Date: 3/13/97

THIS PROFILE ADDENDUM/RECERTIFICATION IS REQUIRED FOR EACH PROFILE SUBMITTED TO LAIDLAW ENVIRONMENTAL SERVICES, INC.
ORIGINAL SIGNATURE REQUIRED

NAME OF WASTE STREAM

MATERIAL PROFILE NO.

Cleaning Compound

X New ☐ Amendment

A. GENERATOR INFORMATION

Generator Name St. Louis Job CorpsFacility Address 4333 GoodfellowCity/County St. Louis / St. LouisState Mo Zip Code 63120

USEPA ID# _____

State ID# _____

Technical Contact MIKE MILLERTelephone (314) 679-6239 EXT. _____Fax (314) 679-6244Billing Name ST. LOUIS JOB CORPS CENT.Billing Address 4333 GOODFELLOWCity ST. LOUIS State MO Zip Code 63120Attention KATHY MACILTelephone (314) 679-6153 EXT. _____B. DOT Shipping Name Waste Compounds, CleaningLiquidHazard Class 8UN/NA No. NA1760 Packing Group II RQ _____C. RCRA RCRA Non Hazardous Exempt? ☐ Yes ☒ No Process Generating: _____Obsolete MaterialState Waste Codes: _____ EPA Waste Codes: Do not

D. ANNUAL REPORT CODES

SIC Code: _____

Source Code: AForm Code: B

Origin Code: _____

System Type: M

E. OTHER COMPONENTS

	No	Yes	Total ppm
PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %

F. PHYSICAL CHARACTERISTICS AT 70° F

1. Infectious or Biological Waste? ☐ Yes ☒ No
 2. NRC Regulated Radioactive? ☐ Yes ☒ No
 3. Reactivity ☒ None ☐ Water Reactive
☐ Pyrophoric ☐ Shock Sensitive
☐ Cyanides ☐ DOT Explosive
☐ Sulfides ☐ Other _____

- ☐ Gas (Cylinder) ☐ Solid _____ %
☐ Aerosol ☐ Sludges _____ %
☐ Lab-Pack ☒ Free Liquids 100 %
 100%

Layers ☒ Single Layered ☐ Bi-layered ☐ Multi-layeredViscosity ☒ Low ☐ Medium ☐ HighOdor ☒ None ☐ Mild ☐ Strong Describe: _____Color/Appearance: Colorless Liquid

Weight
 Density _____ lbs./gal. (US. liq) _____ lbs./cu. foot
 Dry Weight _____
☐ <1.0% ☐ 5-20%
☐ 1-5% ☐ 20-100%

pH N/A
☐ 0-2 ☐ 4.1-10 ☐ ≥ 12.5
☐ 12.1-4 ☐ 10.1-12.4 Exact _____

Flash Point (liquid only)
☐ <73°F (23°C) ☐ Boiling Point
☐ 73-140°F (23-60°C) ☐ <95°F (35°C)
☐ 142-200°F (61-93°C) ☐ >95°F (35°C)
☐ >200°F (93°C) ☐ N/A
☐ N/A

BTU/Lb. _____

Dermal Toxicity LD₅₀ (Mg/Kg)
☐ ≤40 ☐ >200, ≤1000
☐ >40, ≤200 ☐ >1000
4. Material poisonous by inhalation? ☐ Yes ☒ NoOral Toxicity LD₅₀ (Mg/Kg)
☐ ≤5 ☐ >5, ≤50
☐ >50, ≤200 ☐ >200
☐ >50, ≤500 ☐ >500
5. Is this waste stored in vented drums? ☐ Yes ☒ No6. Is this waste pumpable? ☐ Yes ☒ No7. Is this waste polymerizable? ☐ Yes ☒ No8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart FF)? ☐ Yes ☒ No9. Is this waste regulated as an ozone depleting substance (40 CFR part 82)? ☐ Yes ☒ No10. Does this waste contain scrap metal pieces greater than 2 inches in size? ☐ Yes ☒ No

H. PHYSICAL/CHEMICAL CONSTITUENTS

Phosphoric Acid 30.50 %
Surfactants / Detergents 50.40 %
Water 30.40 %

G. METALS

X NONE ☐ TCLP (MG/L) ☐ TOTAL (PPM)

	Reg. Limit	Below	Above	Range
Arsenic	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barium	100 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chromium	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Copper	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mercury	0.2 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nickel	134 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	1 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	5 mg/L	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Others:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

I. ANTICIPATED VOLUME

Qty.	Container	Qty.	Container
_____	5 gal. pail	_____	Cubic Yard Box*
_____	15 gal. carboy	_____	Super Sack*
X 3	30 gal. drum	_____	Roll-off Dump Truck
_____	55 gal. drum	_____	Tanker*
_____	95 gal. drum	_____	Other

Per _____ 1 Time _____ Week _____ Month _____
Year _____ Other _____C. Is this waste regulated as a Marine Pollutant (40 CFR 171.8)? ☐ Yes ☒ No

* Attach All MSDS, Sample Analysis, and Additional Info.

Generator's Certification:

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of the material described by this profile.

Generator's Authorized Signature: _____

Date 3/1/97

Generator Name: St. Louis Job Corps

Profile # _____

CHARACTERISTICS OF HAZARDOUS WASTE: Indicate if this waste contains any of the following characteristics based on criteria mandated by 40 CFR 261.21, 261.22, 261.23 and 261.24.

Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)		Constituent	Regulatory Threshold Level*	(Check One)		Scientific Data	(Check One)	
		Yes	No		Generator Knowledge	Actual Value			Yes	No		Generator Knowledge	Actual Value
D001 Ignitability	<140°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D023 o-Cresol	200.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D002 Corrosivity	≤2 or ≥12.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D024 m-Cresol	200.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D003 Reactivity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D025 p-Cresol	200.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D004 Arsenic	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D026 Cresol	200.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D005 Barium	100.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D027 1,4-Dichlorobenzene	7.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D006 Cadmium	1.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D028 1,2-Dichloroethane	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D007 Chromium	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D029 1,1-Dichloroethylene	0.7 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D008 Lead	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D030 2,4-Dinitrophenol	0.13 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D009 Mercury	0.2 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D031 Heptachlor (and its epoxide)	0.008 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D010 Selenium	1.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D032 Hexachlorobenzene	0.13 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D011 Silver	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D033 Hexachlorobutadiene	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D012 Endrin	0.02 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D034 Hexachlorocyclopentadiene	3.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D013 Lindane	0.4 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D035 Methyl ethyl ketone	200.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D014 Methylenechlor	10.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D036 Nitrobenzene	2.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D015 Toxaphene	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D037 Pentachlorophenol	100.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D016 2,4-D	10.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D038 Pyridine	5.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D017 2,4,5-TP Silvex	1.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D039 Tetrachloroethylene	0.7 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D018 Dinitro	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D040 Trichloroethylene	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D019 Carbon Tetrachloride	0.5 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D041 2,4,5-Trichlorophenol	400.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D020 Chloroform	0.03 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D042 2,4,6-Trichlorophenol	2.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D021 Chlorobenzene	100.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D043 Vinyl Chloride	0.2 ppm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D022 Chloroform	6.0 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

* As defined by the TCLP (Method 1311)

Note: If waste exhibits (or has exhibited) the characteristics of D001, D002, D003 or D012-D043, the UTS Certification on the back must be completed.

FACILITY SPECIFIC WASTE INFORMATION:

- Does this waste contain any of the following: Pesticides, Herbicides, or Dioxins? Please check one: Yes _____ No ☒
- Does this waste contain any bioaccumulative sorbents as described by 40 CFR 264.314/265.314? Please check one: Yes _____ No ☒
- Are there any electroplating, aluminum conversion coating or similar processes conducted at the generating facility? Please check one: Yes _____ No ☒
- Is (was) the waste a wastewater, that is not in itself a listed RCRA Waste (F or K) but by treating the wastewater would create a sludge that is a RCRA listed waste (e.g. F006 sludges from the treatment of electroplating wastewater, F019 sludges from aluminum chemical conversion coating wastewaters)? Please check one: Yes _____ No ☒
If yes, please indicate waste code(s) _____

Indicate the expected concentrations of the following parameters for this waste stream:

Ammonia (ppm) _____ Ash (%) _____ Chloride (ppm) _____ COD (ppm) _____ Oil (%) _____ Thallium (ppm) _____ TOC (ppm) _____ VOC (ppm) _____

REPRESENTATIVE SAMPLE CERTIFICATION:

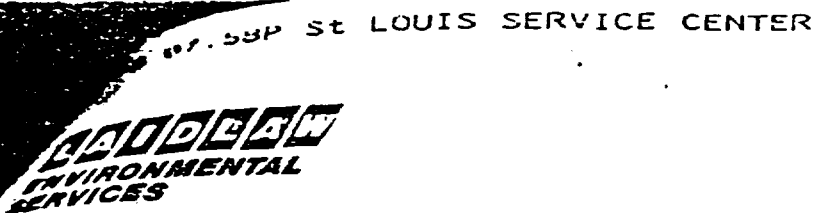
I certify (by my signature below) that the sample presented is representative of the waste, and has been collected in accordance with "Test Methods for the Evaluation of Solid Waste, Physical / Chemical Methods" SW846, USEPA, Office of Solid Waste, Washington, D.C. 20460.

GENERATOR CERTIFICATION:

I hereby certify that all information submitted on this form and all attached documents are true and accurate. In the event that this form is not fully completed, I authorize Laidlaw Environmental Services, Inc. to conduct necessary testing at its expense to properly complete the form, and to modify my profile based upon the analytical data on the representative sample sent upon my notification.

Print Name: T. J. Walker Signature: [Signature] Title: Dir. of Admin. Date: 3/5/92

THIS PROFILE ADDENDUM/RECERTIFICATION IS REQUIRED FOR EACH PROFILE SUBMITTED TO LAIDLAW ENVIRONMENTAL SERVICES, INC.
ORIGINAL SIGNATURE REQUIRED



Service Center

January 26, 1998

St. Louis Service Center
4344 Rider Trail North Bldg. C.
Earth City, MO 63045
314-770-2260
800-757-2537

Mr. Mike Miller
ST. LOUIS JOB CORPS
4333 Goodfellow
St. Louis, MO 63120

RE: ENVIRONMENTAL SERVICES PROPOSAL
GENERATOR: ST. LOUIS JOB CORPS
PROFILE #'S: TO BE ISSUED AFTER COMPLETION OF SERVICE AGREEMENT, CREDIT
APPLICATION, AND MATERIAL PROFILES

Dear Mr. Miller:

Thank you for your interest in Laidlaw Environmental Services.

Laidlaw offers you the following advantages:

- Indemnification provided by one of the largest Environmental Service Corporations in the world.
- Professional assistance with preparation of all shipping documents as required by federal and state regulation.
- Certificates of disposal issued after waste processing.

We have evaluated the information gathered on your waste materials. Based upon that information, we are pleased to offer the attached proposal for recycling, treatment, or disposal of your waste streams.

To arrange scheduling please contact our Customer Services Department. We will be happy to assist you.

We look forward to serving your environmental needs.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Linder", is written over a horizontal line.

David M. Linder
Project Manager
Laidlaw Environmental Services

Enclosures

ENVIRONMENTAL SERVICES PROPOSAL

GENERATOR: St. Louis Job Corps

EFFECTIVE DATE: Effective upon receipt of signed Service Agreement, Credit Application, & Material Profile Sheets for all waste streams.

Laidlaw Environmental Services(TS), Inc. is please to offer you the following proposal for the treatment and disposal of the waste streams listed below:

WASTE NAME	PRICE PER CONTAINER	TRANSPORTATION	# OF CONTAINERS	EXTENSION PRICE
Latex Paint	\$350.00/ Cubic Yard Box	\$150.00/Cubic Yard Box	1	\$500.00
Oil Based Paint	\$450.00/ Cubic Yard Box	\$150.00/ Cubic Yard Box	1	\$600.00
Hydraulic Oil	\$100/ 55 Gal. Drum	\$39.00/ 55 Gal. Drum	1	\$139.00
Aerosols	\$75.00/ 5 Gal Drum	\$15.00/ 5 Gal. Drum	3	\$270.00
Empty Drums	\$25.00/ 55 Gal. Drum	\$15.00/ 55 Gal. Drum	4	\$160.00
Cleaning Compound	\$225.00/ 30 Gal. Drum	\$39.00/ 30 Gal. Drum	3	\$792.00
Unknown Weed & Tree Killing Cpd.*	\$225.00/ 30 Gal. Drum	\$39.00/ 30 Gal. Drum	3	\$792.00
Unknown Flammable Liquid*	\$85.00/ 55 Gal. Drum**	\$39.00/ 55 Gal. Drum	1	\$124.00
Unknown Combustible Liquid*	\$85.00/ 55 Gal. Drum**	\$39.00/ 55 Gal. Drum	1	\$124.00
		Total Trans. & Disposal	18	\$3,501.00

* More information is needed to complete profiles for unknown material (i.e. MSDS, Sample Analysis, etc.).

** Material has to be 100% liquid to qualify for designated price.

SUPPLIES & LABOR	PRICE PER UNIT	TOTAL PRICE
Cubic Yard Boxes, Liners, & Pallets	\$150.00	\$300.00
Labor (2 Field Chemists, 4 Hours)	\$55.00/hour/man	\$440.00
Sample Analysis for Unknown Materials*	\$800.00/sample	\$2,400.00
	Total Supplies & Labor:	\$3,140.00

*Sample Analysis not required if material's composition can be determined & certified by the generator(Manufacturer's MSDS or knowledge & signed certification from generator.

TOTAL ESTIMATED PRICE FOR REMOVAL OF WASTE MATERIAL: \$6,641.00 .

* ALL ITEMS MUST BE SHIPPED IN DOT APPROVED SHIPPING CONTAINERS. SHOULD YOUR DRUMS REQUIRE OVERPACKING THE FOLLOWING COST WILL APPLY:

85 GALLON OVERPACK DRUM	\$170.00/DRUM
ADDITIONAL SURCHARGE FOR DISPOSAL	\$100.00/DRUM

PRICES ARE VALID FOR 30 DAYS FROM THE DATE OF THIS LETTER. PLEASE CONFIRM PRICING FOR QUOTE OFFERS OVER 30 DAYS OLD.

PRICES ARE VALID UPON RECEIVING COMPLETED PROFILES, SERVICE AGREEMENT & CREDIT APPLICATION.

BID TABULATION SHEET

☐ Verbal☐ Written Bid Attached

Comments:

Approved by: _____

Person Contacted:

Davin Ades:

618-398-6880

Date: 3-10-98

Let ϕ be a

Person Contacted:

Definieren

Phone: 770-2260

Date: 3-10-98

NO 3RCL

Person Contacted:

ENC

Phone: _____

Date: _____

Vendor Selected:

Justification:

π Complete Removal

C. J. Hopper 3/10/98
Purchasing Specialist

Purchasing Specialist

F**A****X****T J WALKER**

4333 GOODFELLOW, ST. LOUIS, MO 63126 (314) 878-8221 Fax (314) 383-8717

To: Rodney Salini**Company:** Dynamic Technical Systems**Fax #:** 1-703-823-0704**Total number of pages including this cover sheet:** 6

Notes: Jerry Davis of DOH, Region VII/VIII asked that the St. Louis Tab Corp Center provide you with these quotes for hazardous material removal. If you have questions, please advise.

**TRANSMISSION REPORT**

THIS DOCUMENT WAS CONFIRMED
(REDUCED SAMPLE ABOVE - SEE DETAILS BELOW)

**** COUNT ****

TOTAL PAGES SCANNED : 6
TOTAL PAGES CONFIRMED : 6

***** SEND *****

No.	REMOTE STATION	START TIME	DURATION	#PAGES	MODE	RESULTS
1	703 823 0704	2- 3-98 11:09AM	2'24"	6/ 6	EC	COMPLETED 9600

TOTAL 0:02'24" 6**NOTE:**

No. : OPERATION NUMBER 43 : 4800BPS SELECTED EC : ERROR CORRECT G2 : G2 COMMUNICATION
PD : POLLED BY REMOTE SI : STORE & FORWARD RI : RELAY INITIATE RS : RELAY STATION
MB : SEND TO MAILBOX PG : POLLING A REMOTE MP : MULTI-POLLING RM : RECEIVE TO MEMORY



Service Center

January 26, 1998

St. Louis Service Center
4344 Rider Trail North Bldg. C.
Earth City, MO 63045
314-770-2260
800-757-2537

Mr. Mike Miller
ST. LOUIS JOB CORPS
4333 Goodfellow
St. Louis, MO 63120

RE: ENVIRONMENTAL SERVICES PROPOSAL
GENERATOR: ST. LOUIS JOB CORPS
PROFILE #'S: TO BE ISSUED AFTER COMPLETION OF SERVICE AGREEMENT, CREDIT
APPLICATION, AND MATERIAL PROFILES

Dear Mr. Miller:

Thank you for your interest in Laidlaw Environmental Services.

Laidlaw offers you the following advantages:

- Indemnification provided by one of the largest Environmental Service Corporations in the world.
- Professional assistance with preparation of all shipping documents as required by federal and state regulation.
- Certificates of disposal issued after waste processing.

We have evaluated the information gathered on your waste materials. Based upon that information, we are pleased to offer the attached proposal for recycling, treatment, or disposal of your waste streams.

To arrange scheduling please contact our Customer Services Department. We will be happy to assist you.

We look forward to serving your environmental needs.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Linder".

David M. Linder
Project Manager
Laidlaw Environmental Services

Enclosures

ENVIRONMENTAL SERVICES PROPOSAL

GENERATOR: St. Louis Job Corps

EFFECTIVE DATE: Effective upon receipt of signed Service Agreement, Credit Application, & Material Profile Sheets for all waste streams.

Laidlaw Environmental Services(TS), Inc. is please to offer you the following proposal for the treatment and disposal of the waste streams listed below:

WASTE NAME	PRICE PER CONTAINER	TRANSPORTATION	# OF CONTAINERS	EXTENSION PRICE
Latex Paint	\$350.00/ Cubic Yard Box	\$150.00/Cubic Yard Box	1	\$500.00
Oil Based Paint	\$450.00/ Cubic Yard Box	\$150.00/ Cubic Yard Box	1	\$600.00
Hydraulic Oil	\$100/ 55 Gal. Drum	\$39.00/ 55 Gal. Drum	1	\$139.00
Acrosols	\$75.00/ 5 Gal Drum	\$15.00/ 5 Gal. Drum	3	\$270.00
Empty Drums	\$25.00/ 55 Gal. Drum	\$15.00/ 55 Gal. Drum	4	\$160.00
Cleaning Compound	\$225.00/ 30 Gal. Drum	\$39.00/ 30 Gal. Drum	3	\$792.00
Unknown Weed & Tree Killing Cpd.*	\$225.00/ 30 Gal. Drum	\$39.00/ 30 Gal. Drum	3	\$792.00
Unknown Flammable Liquid*	\$85.00/ 55 Gal. Drum**	\$39.00/ 55 Gal. Drum	1	\$124.00
Unknown Combustible Liquid*	\$85.00/ 55 Gal. Drum**	\$39.00/ 55 Gal. Drum	1	\$124.00
		Total Trans. & Disposal	18	\$3,501.00

* More information is needed to complete profiles for unknown material (i.e. MSDS, Sample Analysis, etc.).

** Material has to be 100% liquid to qualify for designated price.

SUPPLIES & LABOR	PRICE PER UNIT	TOTAL PRICE
Cubic Yard Boxes, Liners, & Pallets	\$150.00	\$300.00
Labor (2 Field Chemists, 4 Hours)	\$55.00/hour/man	\$440.00
Sample Analysis for Unknown Materials*	\$800.00/sample	\$2,400.00
	Total Supplies & Labor:	\$3,140.00

*Sample Analysis not required if material's composition can be determined & certified by the generator(Manufacturer's MSDS or knowledge & signed certification from generator.

TOTAL ESTIMATED PRICE FOR REMOVAL OF WASTE MATERIAL: \$6,641.00

*

ALL ITEMS MUST BE SHIPPED IN DOT APPROVED SHIPPING CONTAINERS. SHOULD YOUR DRUMS REQUIRE OVERPACKING THE FOLLOWING COST WILL APPLY:

85 GALLON OVERPACK DRUM	\$170.00/DRUM
ADDITIONAL SURCHARGE FOR DISPOSAL	\$100.00/DRUM

PRICES ARE VALID FOR 30 DAYS FROM THE DATE OF THIS LETTER. PLEASE CONFIRM PRICING FOR QUOTE OFFERS OVER 30 DAYS OLD.

PRICES ARE VALID UPON RECEIVING COMPLETED PROFILES, SERVICE AGREEMENT & CREDIT APPLICATION.

St. Louis City (HW)
U.S. Department of Labor
St. Louis Job Corps

MO Dept. of Natural Resources
Hazardous Waste Program
Jefferson City, MO

File

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

McGovern, Governor • Stephen M. Mahood, Director
DIVISION OF ENVIRONMENTAL QUALITY

St. Louis Regional Office
10805 Sunset Office Drive, Suite 100 St. Louis, MO 63127-1038
(314) 822-0101
FAX (314) 822-0943

March 5, 1998

CERTIFIED MAIL #P 495 751 475
RETURN RECEIPT REQUESTED

Mr. Charles Singleteary, Director
U.S. Department of Labor
St. Louis Job Corps Center
4333 Goodfellow
St. Louis, MO 63120

Dear Mr. Singleteary:

The enclosed Notice of Violation (NOV) #5095 lists an additional violation noted as a result of the January 8 and 12, 1998, inspections at your facility. As of the date of this letter, the Department of Natural Resources has not received any response from you, your facility, or your department concerning Notice of Violation #5078 issued at the close of the inspection. Be aware that the Department of Natural Resources considers the violations noted at your facility during the inspection to be a serious threat to human health and the environment, which the Department of Natural Resources believes requires your immediate attention.

In order to document that corrective actions have been taken you are requested to submit a written response within 15 days of receipt of this letter. The response should describe the steps taken to correct all violations identified on both of the Notices of Violation. Please direct your response to Ms. Kathy Flippin, Chief-Enforcement Unit, Hazardous Waste Program, P.O. Box 176, Jefferson City, MO 65102. Also submit a copy of your response to my attention.

Sincerely,

ST. LOUIS REGIONAL OFFICE



Robert S. P. Eck
Regional Director

RSPE/MS/jh

Enclosure: NOV #5095

c: Kathy Flippin, HWP-Enforcement







MISSOURI DEPARTMENT OF NATURAL RESOURCES

NOTICE OF VIOLATION PURSUANT TO REQUIREMENTS OF THE MISSOURI
HAZARDOUS WASTE MANAGEMENT LAW, RULES AND REGULATIONS

5078

FACILITY NAME <u>St. Louis Job Corps</u>			
ADDRESS <u>6400-Stratford 4333 Goodfellow,</u>		CITY <u>St. Louis</u>	STATE <u>MO</u>
ZIP CODE <u>63120</u>			
MISSOURI ID NUMBER <u>027363</u>		DATE OF INSPECTION <u>January 12, 1998</u>	
During an inspection and/or a review of information or documentation completed this date to determine compliance with the requirements of the Missouri Hazardous Waste Management Law, Section 260.350 - 260.550 RSMo, and/or the Rules and Regulations 10 CSR 25 the following violations were identified. The 40/49 CFR regulations cited below have been adopted by reference in the Missouri Hazardous Waste Regulations.			
CITATION		DESCRIPTION OF VIOLATION	
<u>40 CFR 262.34(e)</u>		<u>Storage exceeds 180 days</u>	
<u>40 CFR 265.171</u>		<u>Containers not in good condition</u>	
<u>10 CSR 25-5.262(2)(1)</u>		<u>waste not labeled or marked per DOT during storage</u>	
<u>40 CFR 262.34(a)(2)</u>		<u>Date of accumulation not marked on Containers</u>	
<u>40 CFR 265.174</u>		<u>Facility not maintained weekly</u>	
<u>10 CSR 25-5.262(2)(2)(A)</u>		<u>Failed to post "No Smoking" signs in storage area</u>	
<u>10 CSR 25-5.262(2)(2)(B)</u>		<u>No spill control equipment in storage area</u>	
<u>40 CFR 262.34(d)(5)(ii)</u>		<u>Emergency coordinator's number not posted near phone</u>	
<u>40 CFR 262.34(d)(5)(ii)</u>		<u>Locations of fire extinguishers and spill control equipment not posted near phone</u>	
This information is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order issued pursuant to Section 260.410, RSMo and may not be a complete listing of all violations which may be identified as a result of this inspection.			
The owner/operator is hereby requested to submit in writing within 15 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken to: Chief, Enforcement Section, Hazardous Waste Program, Department of Natural Resources, P.O. Box 176, Jefferson City, MO 65102 with a copy to the Director, <u>St. Louis</u> Regional Office, <u>10805 Sunset Office Dr., Suite 100, St. Louis, MO 63127</u>			
The corrective actions taken within 15 days of this notice will be considered in determining whether enforcement action, including the assessment of civil penalties, should be initiated.			
If you have any questions on this notice or wish to discuss your response, you may call <u>Paul Morris</u> at <u>314-822-0101</u> or <u>Kathy Flippen</u> at <u>573-751-2032</u>			
Signature of Preparer <u>[Signature]</u>		Date <u>1-12-98</u>	
The undersigned person hereby acknowledges that he/she received a copy of this Notice and has read same.			
SIGNATURE <u>[Signature]</u>		PRINTED NAME <u>P.L. Johnson</u>	
TITLE <u>Manager of Safety/Security</u>		DATE <u>1/12/98</u>	

ATTACHMENT 4



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

GENERATOR'S NAME

ST. LOUIS JOB CORPS

CONTACT PERSON (NAME)

P.L. JOHNSON

SITE STREET ADDRESS (DO NOT ENTER P.O. BOX)

4333 GOODFELLOW

CITY

STATE

ZIP CODE

ST. LOUIS

MO

63120

GENERATOR'S EPA ID NUMBER

GENERATOR'S MISSOURI I.L. NUMBER

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

☐ (IF ANNUAL CHECKED, PLATE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-**94** (YEAR)

☐ 12-31-____ (YEAR)

☐ 3-31-____ (YEAR)

☐ 6-30-____ (YEAR)

3. PAGE

1 OF **2**

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME ☐ SAME AS LABEL

ST. LOUIS JOB CORPS

5. GENERATOR CONTACT PERSON (NAME) ☐ SAME AS LABEL

P.L. JOHNSON

TELEPHONE NUMBER

(314) 679-6272

6. MAILING ADDRESS

4333 GOODFELLOW

CITY

ST. LOUIS

STATE

MO

ZIP CODE

63120

7. PLANT SITE ADDRESS ☐ SAME AS LABEL

SAME

CITY

STATE

ZIP CODE

8. NAME OF PARENT FIRM

N/A

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9.



SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.

10.



REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11.



REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2)

SECTION D - COMMENTS

12

CORRECTED COPY

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

P.L. JOHNSON

SIGNATURE

DATE

8/2/96



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

**GENERATOR'S HAZARDOUS WASTE
SUMMARY REPORT - PART II**

**BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME AND
IDENTIFICATION NUMBERS AS SHOWN ON PART I.**

GENERATOR NAME

ST. LOUIS JOB CORPS

EPA ID NUMBER

M.O.D.O.O.O.5.6.6.2.4.0

MISSOURI I.D. NUMBER

0.2.7.3.6.3

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-**94** (YEAR)

☐ 12-31-____ (YEAR)

☐ 3-31-____ (YEAR)

☐ 6-30-____ (YEAR)

2. PAGE

2 OF **2**

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

LADLAW ENVIRONMENTAL SERVICES, INC.

5. FACILITY SITE ADDRESS

3536 FITE RD.

CITY

STATE

ZIP CODE

4. FACILITY'S EPA I.D. NUMBER

T-N-D-O-O-061-43-2-1

6. FACILITY'S MISSOURI I.D. NUMBER

H-B-T-N-O-1

SECTION H - WASTE IDENTIFICATION

L I N E	7. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	8. EPA HAZARDOUS WASTE NUMBER	9. TAX CODE (SEE INST.)	10. TOTAL AMOUNT OF WASTE	11. UNIT OF MEAS.	12. SPECIFIC GRAVITY	13. FINAL HANDLING CODE
1	(MINERAL SPIRITS) WASTE PAINT THINNER	D-00-1 F-00-3	08	165	G	1.0	T-5-0
2						.	.
3						.	.
4						.	.
5						.	.
6						.	.
7						.	.
8						.	.

SECTION I - TRANSPORTATION SERVICES UTILIZED

14. COMPANY NAME	15. MISSOURI ID NO.	16. US EPA I.D. NUMBER
a. BRYSON INDUSTRIAL SERVICE	H-...155-1	T-N-D-9-8-7-7-7-80-14
b.	H-...
c.	H-...

SECTION J - COMMENTS

17.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

GENERATOR'S NAME

St. Louis Job Corps

CONTACT PERSON (NAME)

James Wolfe

SITE STREET ADDRESS (DO NOT ENTER P.O. BOX)

4333 Goodfellow

CITY

STATE

ZIP CODE

St. Louis

MO

63120

GENERATOR'S EPA I.D. NUMBER

M.O.D.0.0.0.5.6.6.2.4.0

GENERATOR'S MISSOURI I.D. NUMBER

0.2.7.3.6.3

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED
EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE
DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

(IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30-94 (YEAR) ☒ 12-31-94 (YEAR)

☐ 3-31- (YEAR) ☐ 6-30- (YEAR)

3. PAGE

1 OF 2

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME ☐ SAME AS LABEL

St. Louis Job Corps

5. GENERATOR CONTACT PERSON (NAME) ☐ SAME AS LABEL

James Wolfe

TELEPHONE NUMBER

(314) 679-6158

6. MAILING ADDRESS

4333 Goodfellow

CITY

St. Louis

STATE

MO

ZIP CODE

63120

7. PLANT SITE ADDRESS ☐ SAME AS LABEL

SAME

CITY

STATE

ZIP CODE

8. NAME OF PARENT FIRM

NA

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9. ☒ SHIPPED OFF-SITE. Complete part 2, attach
completed hazardous waste manifests, sign
certification and transmit to the department.

10. ☐ REPORTABLE QUANTITY NOT GENERATED. Sign
certification and transmit to the department. (Do not
complete Part 2)

11. ☐ REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED
OFF-SITE THIS QUARTER. Sign certification and transmit
to the department. (Do not complete Part 2).

SECTION D - COMMENTS

12.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

P. L. Johnson

SIGNATURE

[Signature]

DATE

4/14/95



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176
**GENERATOR'S HAZARDOUS WASTE
REPORT SUMMARY SHEET - PART II**

**BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME
AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.**

GENERATOR NAME

St. Louis Job Corps

EPA ID NUMBER

M.O.D.O.O.O.5.6.6.2.4.0

MISSOURI I.D. NUMBER

0.2.7.3.6.3

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-94 (YEAR)

☒ 12-31-94 (YEAR)

☐ 3-31- (YEAR)

☐ 6-30- (YEAR)

2. PAGE

2 OF 2

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

Laidlaw Environmental Services, Inc.

5. FACILITY SITE ADDRESS

3536 Fite Rd.

CITY

Millington

STATE

TN

ZIP CODE

38053

4. FACILITY'S EPA I.D. NUMBER

T.N.D.O.O.O.6.1.4.3.2.1

6. FACILITY'S MISSOURI I.D. NUMBER

H.H.T.N.O.1

SECTION H - WASTE IDENTIFICATION

7.	8.	9.	10.	11.	12.	13.	14.
DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	DOT HAZARD CODE	EPA HAZARDOUS WASTE NUMBER	TAX CODE (SEE INST.)	TOTAL AMOUNT OF WASTE	UNIT OF MEAS.	SPECIFIC GRAVITY	FINAL HANDLING CODE
1 Waste paint thinner (mineral spirits)	08	D001 F003		165	G	1.0	T50
2							
3							
4							
5							
6							
7							
8							

SECTION I - TRANSPORTATION SERVICES UTILIZED

15. COMPANY NAME	16. MISSOURI ID NO.	17. US EPA I.D. NUMBER
a	H.	
b Bryson Industrial Service	H. 1.5.5.1	T.N.D.9.8.7.7.7.8.0.1.6
c	H.	

SECTION J - COMMENTS

18.

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET
THIS DOCUMENT MUST BE USED OR ALL MISSOURI-DESTINED SHIPMENTS.

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

1377
EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-8802
CHEM TREC
1-800-424-9300
DEPT OF NATURAL RESOURCES
314-634-7438

HAZARDOUS WASTE MANIFEST

Use print or type (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M O D 0 0 0 5 6 6 2 4 0		Manifest Document No. 00001		2. Page 1 of 1		Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address St. Louis Job Corps 4333 Goodfellow St. Louis, MO 63120						4. Missouri Manifest Document Number 0 2 7 3 6 3 0 0 0 1			
4. Generator's Phone (314) 679-6158						5. US EPA ID Number Same as Generator's			
5. Transporter 1 Company Name Rayson Environmental Services, Inc.						6. US EPA ID Number 14165512			
7. Transporter 2 Company Name						8. US EPA ID Number			
9. Designated Facility Name and Site Address Laidlaw Environmental Services, Inc. 3536 Fite Rd. Millington, TN 38053						10. US EPA ID Number T N D 0 0 0 6 1 4 3 2 1			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers Number Type 002 00110 003 D M 00165G		13. Total Wt/Vol 00110 00165G	
a. Waste flammable liquid, n.o.s., (mineral spirits), 3, UN1993, II, RQ						EPA WASTE CODE D 0 0 1		STATE TN	
b. WASTE FLAMMABLE LIQUID, U.S. MINERAL SPIRITS, 3, UN1993, II RQ						EPA WASTE CODE D 0 0 1		STATE TN	
c.						EPA WASTE CODE		STATE	
d.						EPA WASTE CODE		STATE	
J. Additional Descriptions for Materials Listed Above						K. HANDLING CODE (FACILITY USE ONLY)			
a. F003, Profile #I240-II101 spec grav=1						b. COMMENTS			
b.						c.			
c.						d.			
15. Special Handling Instructions and Additional Information If not deliverable, return to generator as addressed. Tractor Lic# 4586 HZ state TN Trailor Lic# W-15775 state TN									
16. GENERATOR'S CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.									
Printed/Typed Name James Wolfe				Signature James Wolfe				Month Day Year 9 22 94	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name CHARLES D. DENNIS				Signature Charles D. Dennis				Month Day Year 9 22 94	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature				Month Day Year	
19. Discrepancy Indication Space									
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19									
Printed/Typed Name KENNETH RAGLAND				Signature Kenneth L. Ragland				Month Day Year 10 9 12 94	

MISSOURI DNR FINAL COPY - PART 1
THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED

ATTACHMENT 5



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
SMALL QUANTITY GENERATOR
INSPECTION RECORD AND CHECKLIST

S
SQG-INSP.

ONLY FOR FACILITIES THAT GENERATE/ACCUMULATE < 1000 Kg (2,200 lbs. or approximately 5 drums)

NAME <i>St. Louis Job Corps Center</i>		DATE <i>1-12-97</i>	EPA ID NUMBER <i>MO0000566240</i>	
ADDRESS <i>4333 Goodfellow</i>		RR NO	MO ID NUMBER <i>027363</i>	
CITY <i>St. Louis</i>	COUNTY	# OF EMPLOYEES	YEARS AT SITE	TELEPHONE NUMBER <i>319-679-6272</i>
FACILITY REPRESENTATIVE(S), TITLE(S) <i>Perry L. Johnson, Manager of Safety and Security; Charles Singleton, Director</i>				
DATE(S) OF LAST INSPECTION(S)				

LATITUDE DEG ____ MIN ____ SEC ____	LONGITUDE DEG ____ MIN ____ SEC ____
--	---

DESCRIPTION OF THE FACILITY'S OPERATIONS AND PLANT

see report

WASTE STREAMS

DESCRIBE EACH WASTE STREAM GENERATED INCLUDING THE PRODUCTION PROCESS	GENERATION RATE	EPA WASTE CODE(S)	DISPOSITION
1. <i>Waste paint solvent</i>	<i>40 ?</i>	<i>D001 F003</i>	
2.			
3.			
4.			
5.			

A. GENERAL

1. <input checked="" type="checkbox"/> Registered as a hazardous waste generator - Section 260.380.1 (1) RSMo and 10 CSR 25-5.262 (2)(A).	1	GGR	COMMENTS
2. <input checked="" type="checkbox"/> Facility determines if waste is hazardous - 10 CSR 25-5.262(1) incorporating 40 CFR 262.11.	1	GGR	
3. <input checked="" type="checkbox"/> Utilizes a licensed hazardous waste transporter - Section 260.380.1(5) RSMo.	1	GGR	
4. <input checked="" type="checkbox"/> Utilizes authorized HW TSD or RR facility - Section 260.380.1(7) RSMo.	1	GGR	
5. <input checked="" type="checkbox"/> Facility does not operate as a TSD - Section 260.390(1) RSMo.	1	GGR	

PART 1: WALK-THROUGH INSPECTION

B. PRETRANSPORT, CONTAINERIZATION & STORAGE

1. <input type="checkbox"/> Storage does not exceed 180 days 10 CSR 25-5.262(1) Incorporating 40 CFR 262.34(d) or 270 days if transported > 200 miles - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(e)	1	GSQ	COMMENTS both paint waste solvent and all unmarked containers resting drums and paint cans
2. <input type="checkbox"/> Containers in good condition - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.171.	1	GPT	
3. <input checked="" type="checkbox"/> Waste compatible with container - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.172.	1	GPT	
4. <input checked="" type="checkbox"/> Containers closed in storage - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.173(a).	1	GPT	
5. <input checked="" type="checkbox"/> Containers storing incompatible waste separated or protected from each other by a dike, berm or wall - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.177(c).	1	GPT	
6. <input checked="" type="checkbox"/> Containers of ignitable or reactive waste stored > 50 ft. from property line (or meet requirements) - 10 CSR 25-5.262(2)(C)6 referencing 40 CFR 265.176 as amended by 10 CSR 25-7.265(2)(I) 7 and 8.	2	GOR	No DOT labels or marking Dates not on bulk of materials
7. <input type="checkbox"/> Waste packaged/labeled/marked per DOT during entire on-site storage period - 10 CSR 25-5.262(2)(C)1.	2	GOR	
8. <input type="checkbox"/> Date of accumulation marked on containers - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(2).	2	GPT	
9. <input checked="" type="checkbox"/> Containers protected from contact with accumulated liquids - 10 CSR 25-5.262(2)(C)2.D.(II).	2	GOR	
10. <input checked="" type="checkbox"/> Containers clearly marked "Hazardous Waste" - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(3).	2	GPT	
11. <input type="checkbox"/> Facility Inspected and maintained (weekly) - 10 CSR 25-5.262(2)(C)2.C.(II) referencing 40 CFR 265.174.	2	GPT	failed to know where this waste was stored
12. <input checked="" type="checkbox"/> Daily inspection of areas subject to spills, i.e., waste handling areas - 10 CSR 25-5.262(2)(C)2.C.(II) referencing 40 CFR 265.195.	2	GOR	
13. <input checked="" type="checkbox"/> Adequate aisle space is available - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.35.	2	GPT	
14. <input checked="" type="checkbox"/> Placards available for transporter - 10 CSR 25-5.262(1) incorporating 40 CFR 262.33.	2	GPT	
15. <input type="checkbox"/> "No Smoking" signs conspicuously placed by ignitable or reactive wastes - 10 CSR 25-5.262(2)(C)2.F.(II).	2	GOR	

C. SATELLITE ACCUMULATION

1. <input type="checkbox"/> Containers kept closed - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(i) referencing 40 CFR 265.173(a).	1	GPT	COMMENTS
2. <input type="checkbox"/> Containers in good condition - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(i) referencing 40 CFR 265.171.	1	GPT	
3. <input type="checkbox"/> Waste compatible with container - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(i) referencing 40 CFR 265.172.	1	GPT	
4. <input type="checkbox"/> Quantities accumulated not exceeding 55 gal. (1 quart of acutely-hazardous wastes) - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1).	1	GPT	
5. <input type="checkbox"/> Satellite containers go to storage within 3 days of filling - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(2).	1	GPT	
6. <input type="checkbox"/> Container marked identifying contents & beginning date - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(ii) as amended by 10 CSR 25-5.262(2)(C)3.	2	GOR	

7. <input checked="" type="checkbox"/> Stored in satellite areas less than 1 year - 10 CSR 25-5.262(2)(C)3.	2	GOR	COMMENTS	
D. PREPAREDNESS AND PREVENTION AND EMERGENCY PROCEDURES				
1. <input checked="" type="checkbox"/> Facility operated and maintained to minimize the possibility of an emergency - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.31.	1	GPT	None	
2. <input type="checkbox"/> Adequate and proper spill control, decontamination and safety equipment available (fire blankets, respirators, SCBA, absorbents, etc.) and properly tested and maintained - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32 as amended by 10 CSR 25-5.262(2)(C)2.G.	2	GPT		
3. <input checked="" type="checkbox"/> Adequate water supply and fire control equipment - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32(c) and (d).	2	GPT		
4. <input checked="" type="checkbox"/> Communication and emergency equipment tested and maintained - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.33.	2	GPT	No	
5. <input type="checkbox"/> Emergency coordinator's name and phone number posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii).	2	GSQ		
6. <input checked="" type="checkbox"/> Telephone number of fire department posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii).	2	GSQ		
7. <input type="checkbox"/> Location of fire extinguisher and spill control equipment posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii).	2	GSQ		
8. <input checked="" type="checkbox"/> Employees familiar with waste handling and emergency procedures - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(iii).	2	GSQ		
9. <input checked="" type="checkbox"/> Device in the hazardous waste operation area capable of summoning emergency assistance - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.34(a).	2	GPT		
10. <input checked="" type="checkbox"/> Telephone or two-way radio on-site and capable of summoning local fire or police dept. - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32(b).	2	GPT		
E. SQG TANKS				
TANK DESIGNATION	CONTENTS	CAPACITY	CONTAINMENT	AGE
1. NA				
2.				
3.				
1. <input type="checkbox"/> Uncovered tanks have 2 ft. freeboard or containment system - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(3).	1	GPT	COMMENTS	
2. <input type="checkbox"/> Continuously fed tanks equipped with a feed cut-off system or a proper by-pass system - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(4).	1	GPT		
3. <input type="checkbox"/> Waste and/or treatment method is compatible with tank - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(2).	1	GPT		
4. <input type="checkbox"/> Incompatible wastes not placed in same tank - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(f)(1).	1	GPT		
5. <input type="checkbox"/> Ignitable or reactive wastes rendered safe/protected from sources of ignition or reaction - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(e)(1).	1	GPT		
6. <input type="checkbox"/> Ignitable or reactive wastes in covered tanks treated/stored in accordance with NFPA's buffer zone requirements - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(e)(2).	1	GPT		
7. <input type="checkbox"/> Volatiles with vapor pressure > 78 mm Hg @ 25° C not placed in open tanks - 10 CSR 25-5.262(2)(C)2.F.(i).	1	GOR		
8. <input type="checkbox"/> Wastes and residues removed from tank and equipment, and handled properly upon closure - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(d).	1	GPT		
9. <input type="checkbox"/> Tanks are clearly labeled or marked "Hazardous Waste" - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(3).	2	GPT		

10. <input type="checkbox"/> Inspection of waste feed cut off, bypass system, monitoring data and freeboard each operating day - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(c).	2	GPT	COMMENTS
11. <input type="checkbox"/> Weekly inspection of confinement structure, construction materials and general area for leaks, corrosion or discharges - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(c)5.	2	GPT	

PART 2: RECORDS INSPECTION

F. MANIFESTS

1. <input checked="" type="checkbox"/> Facility uses manifest system or wastes reclaimed under contractual agreement - 260.380.1(6) RSMo and 10 CSR 25-5.262(2)(B) or 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(e)1.	1	GMR	COMMENTS
2. <input checked="" type="checkbox"/> Generator maintains a copy of the reclamation agreement on-site for at least 3 years after expiration of agreement - 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(e)(2).	2	GMR	
3. <input checked="" type="checkbox"/> Records maintained for a 3 year period - 10 CSR 25-5.262(1) incorporating 40 CFR 262.40(a).	2	GRR	
4. <input checked="" type="checkbox"/> Generator's MO & EPA LD. Numbers - 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(a) as amended by 10 CSR 25-5.262(2)(B)1.	2	GOR	
5. <input checked="" type="checkbox"/> Manifest document ID and consecutive shipment numbers - 10 CSR 25-5.262(2)(B)2.A.	2	GOR	
6. <input checked="" type="checkbox"/> Generator's name, address and phone number - 10 CSR 25-5.262(2)(B)1.	2	GMR	
7. <input checked="" type="checkbox"/> All transporters' names, phone numbers, license plate #s, MO & EPA LD.#s - 10 CSR 25-5.262(2)(B)1 and 2.	2	GMR	
8. <input checked="" type="checkbox"/> Designated facility name, address, phone, MO & EPA LD.#, - 10 CSR 25-5.262(2)(B)1 and 2.	2	GMR	
9. <input checked="" type="checkbox"/> DOT shipping name, Hazard Class and waste LD. # (RQ - if required)- 10 CSR 25-5.262(2)(B) 1 and 2.	2	GMR	
10. <input checked="" type="checkbox"/> Containers, quantity and specific gravity designated - 10 CSR 25-5.262(2)B 1 and 2.	2	GMR	
11. <input checked="" type="checkbox"/> Manifest signed and dated - 10 CSR 25-5.262(2)B 1.	2	GMR	
12. <input checked="" type="checkbox"/> Out of state manifests have all required MO information - 10 CSR 25-5.262(2)(B)4.A.	2	GOR	
13. <input checked="" type="checkbox"/> Manifest continuation sheets are not used - 10 CSR 25-5.262(2) (B)1 .	2	GOR	
14. <input checked="" type="checkbox"/> Manifest returned within 35 days - or exception report submitted within 45 days - 10 CSR 25-5.262(2)(D)2.C .	2	GRR	
15. <input checked="" type="checkbox"/> Manifest summary reports and manifests sent to DNR quarterly OR annually if one shipment or no shipments are made - 10 CSR 25-5.262(2)(D)1.B and 10 CSR 25-5.262(2)(D)1.E.	2	GOR	
16. <input checked="" type="checkbox"/> Tests waste or uses knowledge of waste to determine if the waste is restricted from land disposal - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(a).	2	GLB	
17. <input checked="" type="checkbox"/> "Land-Ban" notification/certification sent with manifests or with 1st shipment under a tolling agreement - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(a).	2	GLB	
18. <input checked="" type="checkbox"/> Notification/certification includes correct EPA hazardous waste number, corresponding treatment standards, manifest number, and waste analysis data - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(b)(4) and (5).	2	GLB	

G. PREPAREDNESS AND PREVENTION

1. <input checked="" type="checkbox"/> Arrangements with local emergency agencies - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.37.	2	GPT	COMMENTS
2. <input checked="" type="checkbox"/> Emergency coordinator(s) on premise or on call - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(i).	2	GSQ	

H. USED OIL STORAGE

<input checked="" type="checkbox"/> Used oil is managed properly and not disposed of into the environment or cause a public nuisance - 10 CSR 25-11.279(2)(B)4.B.	1		
2. <input type="checkbox"/> Containers in good condition - 10 CSR.25-11.279(1) incorporating 40 CFR 279.22(b)(1).	2		
3. <input type="checkbox"/> Containers storing used oil are not leaking - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(b)(2).	2		

4. <input type="checkbox"/> Containers/aboveground tanks are labeled or marked clearly "Used Oil" - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(c)(1).	2	COMMENTS			
5. <input type="checkbox"/> Fill pipes used to transfer used oil into underground storage tanks are labeled or marked clearly "Used Oil" - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(c)(2).	2				
6. <input type="checkbox"/> Containers/tanks which are exposed to rainfall are closed - 10 CSR 25-11.279(2)(C)6.	2				
7. <input type="checkbox"/> Clean up any spills or leaks of used oil - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(d).	2				
8. <input type="checkbox"/> Mixtures of used oil and hazardous waste are properly managed - 10 CSR 25-11.279(2)(B)(2).	2				
I. ON-SITE BURNING					
1. <input type="checkbox"/> Burn only their own used oil or used oil from DIY'ers or exempt farmers - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(a).	1	COMMENTS			
2. <input type="checkbox"/> Burn only in space heaters with design capacity < .5 million BTU/hr - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(b).	1				
3. <input type="checkbox"/> Combustion gases from the heater are vented to the ambient air - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(c).	1				
J. OFF-SITE SHIPMENTS TO APPROVED COLLECTION CENTERS					
1. <input checked="" type="checkbox"/> Used oil is transported by transporters who have obtained EPA identification numbers - 10 CSR 11.279(1) incorporating 40 CFR 279.24. (If no licensed transporter is used)	1				
2. <input checked="" type="checkbox"/> Transports used oil in a vehicle owned by the generator or owned by an employee of the generator - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(1).	2				
3. <input type="checkbox"/> Transports no more than 55 gallons of used oil at any time - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(2).	2				
4. <input type="checkbox"/> Transports the used oil to a used oil collection center that is registered, licensed, permitted, or recognized by a state/county/municipal government to manage used oil - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(3).	2				
OR					
5. <input type="checkbox"/> Transports the used oil to an aggregation point that is owned and/or operated by the same generator - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(b)(3).	2				
OR					
6. <input checked="" type="checkbox"/> Used oil is reclaimed under a contractual agreement (tolling arrangement) - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(c).	2				
K. RESOURCE RECOVERY					
1. <input checked="" type="checkbox"/> RR certification for energy recovery or reclamation of hazardous waste on-site - 10 CSR 25-9.020(1)(A)3.	1			GOR	COMMENTS
2. <input type="checkbox"/> Still bottoms or RR residues disposed of properly - Section 260.380.1(7) RSMo.	1	GOR			
3. <input type="checkbox"/> Facility is classified as U, R1, or R2 accurately - 10 CSR 25-9.020(3)(A).	2	GOR			
4. <input type="checkbox"/> Facility meets the operating conditions of certification - 10 CSR 25-9.020(3).	2	GOR			
5. <input type="checkbox"/> Facility has submitted a written request and received approval from the DNR for all changes in operation including closure - 10 CSR 25-9.020(3)(E) 1 and 2.	2	GOR			
6. <input type="checkbox"/> Facility report submitted to DNR quarterly - 10 CSR 25-9.020(3)(E)6 referencing 10 CSR 25-7.264(2)(E)3.	2	GOR			
7. <input type="checkbox"/> Facility maintains a complete written operating record - 10 CSR 25-9.020(3)(E)5 referencing 40 CFR 264.73(b)(1) and (2) as modified by 10 CSR 25-7.264(2)(E)2.	2	GOR			
8. <input checked="" type="checkbox"/> Facility has notified EPA and the state that it qualifies for a small quantity on-site burner exemption or has interim status or a permit if it burns hazardous waste on-site - 10 CSR 25-7.266(1) incorporating 40 CFR 266.108 and 40 CFR 266.103.	2	GOR			

CHECKLIST KEYCheck the ☒ if in compliance.Circle the ☐ if not in compliance and provide comment.

N/A = Not Applicable.

An item emphasized by a black line on the left is a serious deviation from the requirements (Class I violation).

An unemphasized item is a significant deviation from the requirements (Class II violation unless conditions warrant Class I).

COMMENTS: INCLUDE DISCUSSION OF FACILITIES WASTE MINIMIZATION PLAN

Check all Potential Multi-Media Violations and Impacts (specify and comment below if possible)

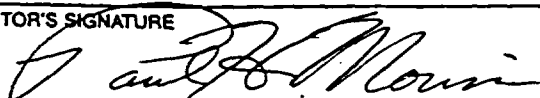
APC		PDW	
<input type="checkbox"/> Fugitive Dust	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Taste & Odors	<input type="checkbox"/> Color
<input type="checkbox"/> Particulate	<input type="checkbox"/> Odors	<input type="checkbox"/> Bacteria	<input type="checkbox"/> Flow
<input type="checkbox"/> Burning	<input type="checkbox"/> Toxics	<input type="checkbox"/> Pressure	<input type="checkbox"/> Toxics
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

SWM		HW	
<input type="checkbox"/> Open Dumps	<input type="checkbox"/> SLF	<input type="checkbox"/> Transportation	<input type="checkbox"/> USTs/LUSTs
<input type="checkbox"/> Littering	<input type="checkbox"/> Other	<input type="checkbox"/> PCBs	<input type="checkbox"/> Other
<input type="checkbox"/> Waste Tire Dump			

WPC		
<input type="checkbox"/> Animal Waste	<input type="checkbox"/> Sawdust	<input type="checkbox"/> Ground Water
<input type="checkbox"/> Bypassing	<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water
<input type="checkbox"/> Treatment Plant Oper.	<input type="checkbox"/> Single Family	<input type="checkbox"/> Other

COMMENTS:

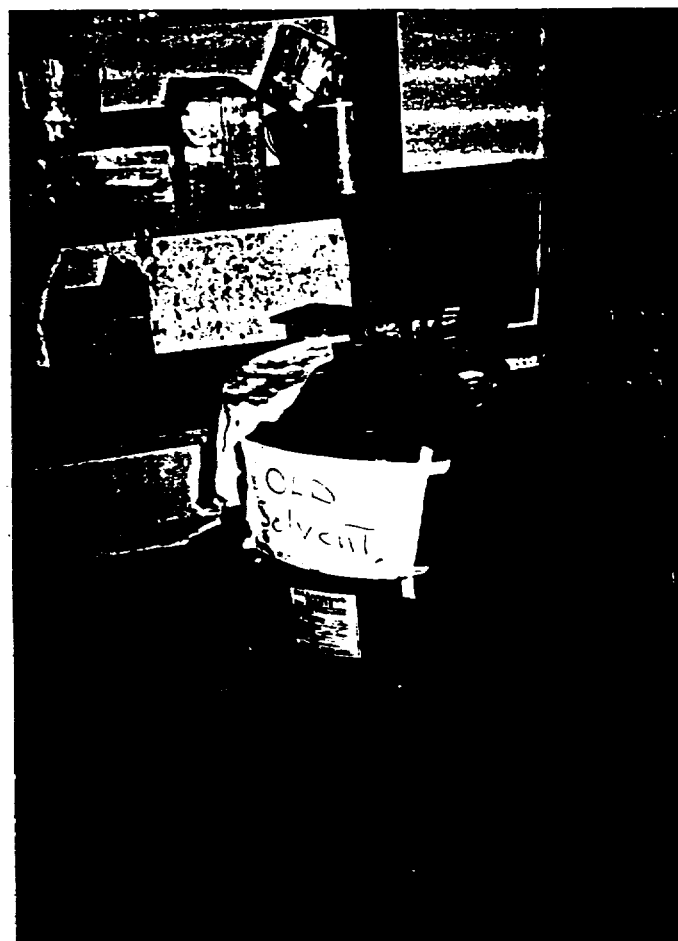
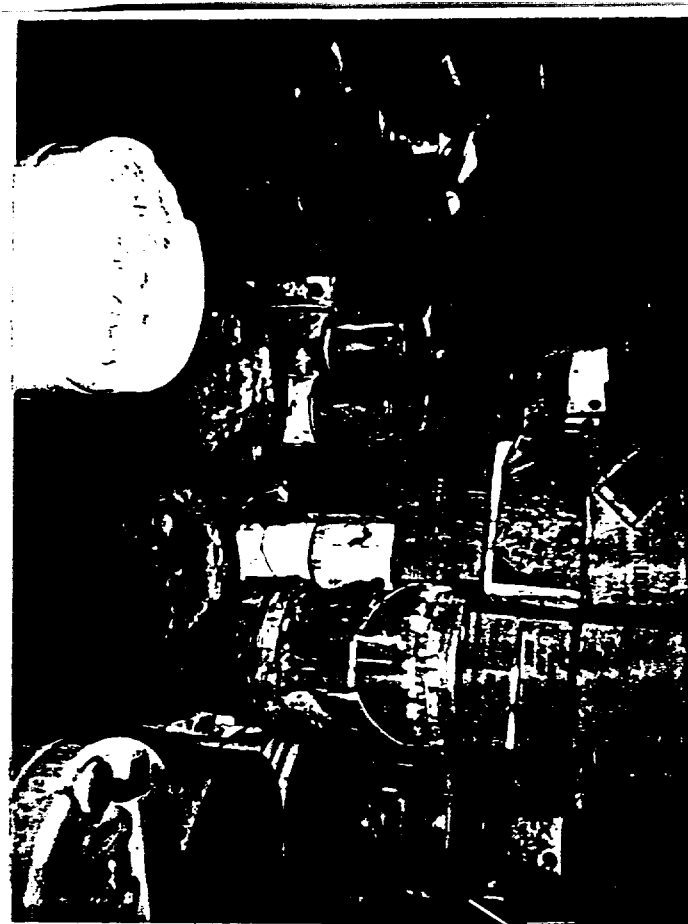
INSPECTOR'S SIGNATURE



DATE

1-12-97

ATTACHMENT 6



1-12-98

Rusted containers of waste
at St. Louis Job Corps Center
(barrel in foreground buckling outward)

3926-0

PHM

1-12-98

Paint solvent drum at St. Louis Job Corps.

PHM

3926-2

1-12-98

Drums and containers at St. Louis Job Corps.

3926-00

PHM

ST. LOUIS



CENTER

4333 Goodfellow Boulevard
St. Louis, Missouri 63120
(314) 679-6200

RECEIVED

APR 17 1998

HAZARDOUS WASTE
MANIFESTATION
RECORDS

April 15, 1998

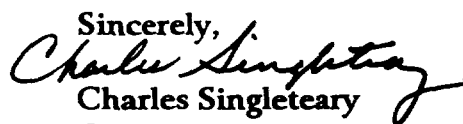
Mr. Robert S. P. Eck
Regional Director
State of Missouri
DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
St. Louis Regional Office
10805 Sunset Office Drive, Suite 100
St. Louis, MO 63127-1038

Dear Mr. Eck:

Please find enclosed the "Hazardous Waste Manifests" and supplementary documentation of the disposal of waste materials in compliance with your letter dated April 6, 1998. As indicated, the proper removal of these items was completed on April 13, 1998.

Since the origin of these hazardous materials is unknown and the existence was inadvertently discovered during the preparation for demolition of an unused Center building, and the Center does not have knowledge of any additional waste materials or plans to store any materials other than paint solvents, no repeat of hazardous waste violations are anticipated.

If you have questions, please contact me or Mike Miller, Manager of Maintenance at 314-679-6289.

Sincerely,

Charles Singleteary
Center Director

PC: Kathy Flippin, Chief-Enforcement Unit, Hazardous Waste Program
Rodney Salimi, Senior Environmental Engineer, Dynamic Technical Systems, Inc.
Jerry Davis, Project Manager, DOL Region VII/VIII

Operated by MINACT, INC. Under Contract With Department of Labor
An Equal Opportunity Employer

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8862	CHEMTREC 1-800-424-9309	DEPT. OF NATURAL RESOURCES 573-534-2436
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Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. [Blank]		Manifest Document No. R-8002		2. Page [Blank] of [Blank]		Information in the shaded areas is required by State law.			
3. Generator's Name and Mailing Address ST. LOUIS JOB CORPS. JIM VOLPE 4717 COOPERMAN BLVD., ST. LOUIS, MO 63120						A. Missing Manifest Document No.					
4. Generator's Phone () 314 679 6284											
5. Transporter 1 Company Name LAINLAN ENVIRONMENTAL SERVICES (TOL) INC						6. US EPA ID Number [Blank]					
7. Transporter 2 Company Name SCHNEIDER TRUCK CO						8. US EPA ID Number [Blank]					
9. Designated Facility Name and Site Address LAINLAN ENVIRONMENTAL SERVICES (TOL) INC 2015 OLD CREEKWOOD PIKE SPRINGFIELD, MO 65711						10. US EPA ID Number [Blank]					
						B. State Facility's ID MO-T001					
						H. Facility's Phone (314) 940-1111					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))						12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. WASTE PESTICIDES, LIQUID, TOXIC, FLAMMABLE, RQ 1, A.I. I BB1901, II EPC 111 RQ(D001,D002)						DOH DF		00800		P	
b. WASTE COMPOUNDS, CLEANING LIQUID, I, NA1991, II EPC 112A I RQ(D001)						002 DM		00400		P	
c. WASTE COMPOUNDS, CLEANING LIQUID, A, NA1760, II EPC 1154 I RQ(D002)						002 DF		00500		P	
d. Waste compounds, cleaning liquid, B, NA1760, II ERG 154, RQ(D002)						001 DM		00150		P	
e. Additional Descriptions for Hazardous Liquid Materials						f. Additional Descriptions for Solid Materials					
a. 170001101 D001											
b. 170001101											
c. 170001101											
d. 170001101											
15. Special Handling Instructions and Additional Information											
Emergency Contact: 1-800-455-5677 (NHTS) Referral											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.											
Printed/Typed Name Mark McLaughlin						Signature [Signature]			Month Day Year 12/1/78		
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name David M. Linder						Signature [Signature]			Month Day Year 04/13/98		
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature			Month Day Year		
19. Discrepancy Indication Space											
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name						Signature			Month Day Year		

GENERATOR COPY - PART 6

!!DOCTE!!

SECRET

Customer Notification And CertificationPage 1 of 2Generator Name/Location: ST. LOUIS TOB. CO. / ST. LOUIS MOEPA I.D. Number: MOF000566240Waste Profile or ARF Designation: SEE FORM BManifest Number: 98002EPA Waste Number(s): SEE FORM BWaste Analysis Available? Yes (attached) X No X On file at receiving facility _____**Unrestricted Waste Notification (Category 1)**

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

- ☐ I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be variances for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

☒ **(2a) Restricted Waste Notification**

I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

- ☐ **(2b) Alternate Debris Treatment Notification:** This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:

_____ §268.45(b)(1)- Toxicity characteristic debris;
_____ §268.45(b)(2)- Debris contaminated with listed waste;
_____ §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

- ☐ I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

- ☐ I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: Mark Miller DATE: 4/12/98PRINT NAME: Mark Miller TITLE: Wastewater Mgr.

Container Contents

☒ Bulk☐ Lab Pack

RQ _____

Year Month Day

Code

Number

Container Number:	7-11-13	6E24E	007-009	Chemist
Shipping Name:	HAZ (COMPOUND, CERAMIC LIQUID)			
Container Type:	DFDM	Size	57	ID Number: NA 1760
Hazard Class:	B, PG II			

Profile Number	271501101
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	HAZ (COMPOUND, CERAMIC LIQUID)	L	2.5-3.0		D-02
02	HAZ (COMPOUND, CERAMIC LIQUID)		1.5-1.8		
03	HAZ (COMPOUND, CERAMIC LIQUID)		3.5-6.0		
04	HAZ (COMPOUND, CERAMIC LIQUID)		0-10		
05					
06	007-306DM - Colorless Liquid, pH=12-14, No Solids				
07	008-306DF -				
08	009-556DF -				
09					
10					
11					
12					
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27					
28					

ABSORBENT
C - CORN COB
V - VERMICULITE
O - OIL DRY
X - OTHER

PS - PHYSICAL STATE
L - LIQUID/POURABLE
S - SOLID
SL - SLUDGE
D - POWDER OR DUST

IC - INTERNAL CONTAINER
G - GLASS M - METAL
P - PLASTIC F - FIBER
B - BAGGED

This Lab Pack list continues:

Yes ☐ No ☒

This is page 1 of 1

Container Contents

☒ Bulk

☐ Lab Pack

RQ _____

Year Month Day

Code

Number

Container Number:	74	09	13	63246	005-006	Chemist
Shipping Name:	WASTE (AMPHIPHILIC, CATIONIC) (EMUL)					
Container Type:	DM	Size	55/30	ID Number:	NA 1993	HM Absorbent CVOX
Hazard Class:	3, PL II					

Profile Number	E246, IL 1.3
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	WASTE FILTRATE 60-95	L	X 55 gal		2001
02	SURFACTANTS 5-10				
03	WASTE 0-20				
04	WASTE 0-10				
05					
06					
07	005- 55G DM - Amber Lg, No Solids				
08	006- 30G DM - ↓ ↓				
09					
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B - BAGGED

This Lab Pack list continues:

Yes ☐ No ☒

This is page _____ of _____

Container Contents

☒ Bulk☐ Lab Pack

RQ

Year Month Day

Code

Number

Container Number:	7	0	0	4	1	3	1	1	2	4	0	001-009	Chemist	20
Shipping Name: <u>HERBICIDE PESTICIDES, LIQUID, DILUTED, FLAMMABLE MIX</u>														
Container Type:	DF		Size	85		ID Number:	UN 7903		HM	Absorbent CVOX				
Hazard Class: <u>6.1, PG I</u>														

Profile Number	274 201 11
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	Herbicide	L	4 x 15 gal		D001
02	REVOLVON PESTICIDE				D002
03	1.4 DICHLOROBENZENE				D027
04					
05					
06	001- Colorless Liquid, pH = 13		N-Sol. D.		
07	002-				
08	003-				
09	004-				
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This Lab Pack list continues:

Yes ☐ No ☒This is page 1 of 1

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEMTREC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-534-4416
-----------------------	------------------------------------	----------------------------	---

Form Approved OMB No 2050-0039, Expires 9-30-99

[illegible]

ORIGINATOR COPY - PART 8

DIVISION OF ENVIRONMENTAL QUALITY
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEMTREC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-634-2436
-----------------------	------------------------------------	----------------------------	---

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-99

HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page of		Information in the shaded areas is required by State law.	
3. Generator's Name and Mailing Address ST. LOUIS JON CORP. JIM WOLFE 4515 COMPTON BLVD., ST. LOUIS, MO 63110				A. Missouri Manifest Document Number					
4. Generator's Phone (314) 679-6189									
5. Transporter 1 Company Name LAINLAN ENVIRONMENTAL SERVICES (PCL, INC.		6. US EPA ID Number MO000014274		D. State Facility ID					
7. Transporter 2 Company Name SCHIEBER TRUCK CO.		8. US EPA ID Number IL00006493171		E. Facility's Phone (615) 350-5400					
9. Designated Facility Name and Site Address LAINLAN ENVIRONMENTAL SERVICES (PCL, INC. 1818 OLD COUNTRY RD OPPERBORN, TN 37071		10. US EPA ID Number IL0000000000000000		G. State Facility's ID MO-7841					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))				12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. WASTE COMPOUNDS, CLEANING LIQUID, 2, UN1650, 1 PGC 1122				Number		Type		L. Waste No.	
b. WASTE PAINT RELATED MATERIAL, 2, UN1650, 11 PGC 1122									
c. WASTE AEROSOLS, 2, UN1650 PGC 1122									
d. WASTE AEROSOLS, 2, UN1650 PGC 1122									
e. WASTE PAINT RELATED MATERIAL, 1, UN1650									
1. Additional Descriptions for Materials Listed Above				2. Additional Descriptions for Materials Listed Above					
a. 12000-101				a.					
b. 12000-101				b.					
c. 12000-101				c.					
d. 12000-101				d.					
15. Special Handling Instructions and Additional Information									
Emergency Contact: 1 800 435 4057 (507) Info: 507									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.									
Printed/Typed Name Michael T. Adams				Signature <i>Michael T. Adams</i>				Month Day Year 04/09/98	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Michael T. Adams</i>				Date 04/09/98	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature RECEIVED				Date 04/09/98	
19. Discrepancy Indication Space									
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature				Month Day Year	

EPA FORM 8700-22 (REV. 9-96) MDNR-HWG 10

PREVIOUS EDITIONS ARE OBSOLETE



CONTAINS 50% RECYCLED PAPER WHICH
INCLUDES NOT LESS THAN 20% POST
CONSUMER WASTE

GENERATOR COPY - PART 6

CONFIDENTIAL

100-443887-10

Customer Notification And CertificationPage 1 of 2Generator Name/Location: STI LUMIN Job Corp / 12 LUMIN AVE / 10000EPA I.D. Number: KDD000566290Waste Profile or ARF Designation: SEE FORM B

Manifest Number: _____

EPA Waste Number(s): SEE FORM BWaste Analysis Available? Yes (attached) _____ No ☒ On file at receiving facility _____**Unrestricted Waste Notification (Category 1)**

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

- ☒ I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be varianced for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

- ☒ (2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

- ☐ (2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45.
The waste contains the following contaminants subject to treatment [check all that apply]:
_____ §268.45(b)(1)- Toxicity characteristic debris;
_____ §268.45(b)(2)- Debris contaminated with listed waste;
_____ §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

- ☐ I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

- ☐ I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: [Signature] DATE: 4/15/90

PRINT NAME: _____ TITLE: _____

Container Contents

☐ **Lab Pack****RQ**

Number

Profile Number	
Disposal Site	
Approval Code	
Reactive Wt.	

IC - INTERNAL CONTAINER
G - GLASS M - METAL
P - PLASTIC F - FIBER
B - BAGGED

This is page _____ of _____

Container Contents

☒ Bulk☐ Lab Pack

RQ _____

Year Month Day

Code

Number

Container Number:	11/24/77	Code	1111	Chemist	JJ
Shipping Name: WASTE FROM REPAIR SHOP					
Container Type:	RF	Size	415	ID Number:	001203
Hazard Class:	3	PCII		HM	Absorbent CVOX

Profile Number	111111
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	WASTE FROM REPAIR SHOP	L	1x 415		001 1111
02			1x 415		1111
03			1x 415		
04					
05					
06	Oil 3-5-2 P. n. l. in 1 + 56 Cans				
07					
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ABSORBENT
C - CORN COB
V - VERMICULITE
O - OIL DRY
X - OTHER

PS - PHYSICAL STATE
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This Lab Pack list continues:

Yes ☐ No ☐

This is page _____ of _____

THIS WASTE DOES NOT CONTAIN ANY DIOXINS, CHLORINATED FURANS, EXPLOSIVES OR RADIOACTIVE MATERIALS.

Container Contents

☒ Bulk

☐ Lab Pack

RQ

Year Month Day

Code

Number

Container Number:	1101091-1140	Chemist	5
Shipping Name: WASTE CONTAINERS (PINKY) 1140			
Container Type:	HF Size 30	ID Number:	NA1700
		HM	Absorbent CVOX
Hazard Class: 8 PBI			

Profile Number	1140
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	CLEANING PRODUCTS	L	3 x 2.5 gal		2002
02					
03					
04					
05	Colorless Liquid, pH = 8-2				
06					
07					
08					
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This Lab Pack list continues:

Yes ☐ No ☐

This is page _____ of _____

THIS WASTE DOES NOT CONTAIN ANY DIOXINS, CHLORINATED FURANS, EXPLOSIVES OR RADIOACTIVE MATERIALS.

Container Contents

☒ Bulk

☐ Lab Pack

RQ _____

Year Month Day

Code

Number

Container Number:	1511241111111111	Chemist	BT
Shipping Name: WASTE MATERIALS			
Container Type: DT	Size: DT	ID Number: UN1950	HM Absorbent CVOX
Hazard Class: 2.1			

Profile Number	1111111111
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	WASTE FLAMMABLE ACRYLICS	SL	1/5.0		D001
02					
03					
04					
05					
06					
07					
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This Lab Pack list continues:

Yes ☐ No ☐

This is page _____ of _____

Container Contents

☐ **Lab Pack****RQ**

Number

Profile Number	
Disposal Site	
Approval Code	
Reactive Wt.	

IC - INTERNAL CONTAINER
G - GLASS M - METAL
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B - BAGGED

This is page _____ of _____

THIS WASTE DOES NOT CONTAIN ANY DIOXINS, CHLORINATED FURANS, EXPLOSIVES OR RADIOACTIVE MATERIALS.

Container Contents

☒ Bulk

☐ Lab Pack

RQ

Year Month Day

Code

Number

Container Number:	121101E1212	Chemist	ST
Shipping Name: NON-REGULATED MATERIAL			
Container Type:	135	Size	55
ID Number:		HM	Absorbent CVOX
Hazard Class:			

Profile Number	1000000000
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	EMPTY DRUMS		7 drums		NONE
02					
03					
04					
05					
06					
07					
08					
09					
10					
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This Lab Pack list continues:

Yes ☐ No ☐

This is page _____ of _____

UNSATISFACTORY FEATURES

1. Failure to determine if wastes are hazardous, in violation of 10 CSR 25-5.262(1) incorporating 40 CFR 262.11. St. Louis Job Corps had not made a hazardous waste determination on any of the containers of solid wastes stored at the maintenance shed (#230). The facility must make a waste determination of all solid waste stored at the maintenance shed and submit documentation analysis of samples to support the determination.
2. Storage of hazardous waste exceeded the allowed 180 days (270 days if transported > 200 miles) in violation of 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(a). St. Louis Job Corps has been storing on site, a variety of wastes for more than 180 days. This includes the hazardous waste paint solvents from its normal generation of waste, which had a start date of accumulation of August 24, 1996. The waste grouped together in the maintenance building was evidently left for many years unattended considering the poor condition of the containers. This waste included 14 drums of possible hazardous waste acids, solvents and flammables, 21 five pails of adhesives and flammable materials; 180 one gallon pails of waste paint including polyurethanes; 10 spray cans of aerosol penetrating oil and gas line deicers. These wastes collectively amounted to about 800 gallons or 6400 pounds (See attached photos).

St. Louis Job Corps must ship any of this waste determined to be hazardous to a permitted hazardous waste facility and provide manifest(s) documenting this shipment. Also, St. Louis Job Corps must certify that all future hazardous waste generated will not be stored for more than 180 days (270 days if transported >200 miles).

3. The hazardous waste containers were not in good condition in violation of 10 CSR 25-5.262(1), incorporating 40 CFR 262.34(a)(1), referencing 40 CFR 265.171. The metal drums and many of the one-gallon paint cans were rusting, indicating they were left unattended for an extended period. Many of the paint cans were also leaking their contents. Once a hazardous waste determination has been made, any hazardous waste in containers in poor condition, must be put in good containers or overpacked. In the future all storage containers for hazardous waste and/or used oil must be in good condition.
4. Containers of hazardous waste were not labeled during entire on-site storage period in violation of 10 CSR 25-5.262(2)(C)1 referencing 40 CFR 262.31 and 40 CFR 262.32. Eleven of the of the 55-gallon drums and many of the five gallon pails and one gallon cans were not labeled with any DOT information. Once a hazardous waste determination has been made, all stored hazardous waste must be in compliance with DOT requirements during the entire on-site storage period. St. Louis Job Corps Center must certify that all hazardous waste storage containers have been marked and/or labeled and all future containers of hazardous waste will be labeled per DOT during entire on-site storage period.

5/16/98
C

5. Beginning date of accumulation not marked on container in violation of 10 CSR 25-5.262(1), incorporating 40 CFR 262.34(d)(4), referencing 40 CFR 262.34(a)(2). None of the 14 drums, 21 five-gallon pails or 180 waste paint cans had the beginning date of accumulation marked on them. The facility must determine what containers contain hazardous waste. All stored hazardous waste containers must be marked with the beginning date of accumulation. This serves to ensure that containers do not remain in storage past the allowable time period. St. Louis Job Corps must certify that all hazardous waste storage containers have been marked and all containers used in the future to store hazardous waste will be marked with beginning date of accumulation.
6. Container not clearly marked "Hazardous Waste" in violation of 10 CSR 25-5.262(1), incorporating 40 CFR 262.34(d)(4), referencing 40 CFR 262.34(a)(3). After a hazardous waste determination has been made, all containers of hazardous waste must be so marked. None of the 14 drums, 21 five-gallon pails or 180 waste paint cans were marked. St. Louis Job Corps must certify that the storage containers have been properly marked per 40 CFR 262.34(a)(3) and all containers used in the future to store hazardous waste will be so marked.
7. Facility is not being inspected and maintained weekly in violation of 10 CSR 25-5.262(2)(C)2.C.(II) referencing 40 CFR 265.174. The storage of wastes for extended periods of time, indicated by the poor condition of the containers, without shipping it off indicated that the facility did not inspect the site of storage weekly. St. Louis Job Corps must certify that the hazardous waste storage area will be inspected and maintained on a weekly basis.
8. "No Smoking" sign was not posted, in violation of 10 CSR 25-5.262(2)(C)2.F(II). A "No Smoking" sign was not posted at the hazardous waste storage area where ignitable waste was stored. The facility must post "No Smoking" signs at both the maintenance areas until the waste is shipped and the hazardous waste storage area. "No Smoking" signs must be conspicuously placed to insure they are visible to all personnel in the area. Certify that a "No Smoking" sign has been properly posted.
9. Spill control equipment not properly maintained, in violation of 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.33. Spill control and decontamination equipment was not located near the hazardous waste storage area. The facility must provide spill containment and decontamination equipment. Certify that this item is available near the waste handling area. Submit a list of spill control equipment obtained.
10. Emergency coordinator's name and phone number, fire department phone number and location of fire extinguisher and spill control equipment not posted near phone, in violation of 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii). The required information was not located at the phone near the Hazardous Waste storage area. The facility must post the name and phone number of the emergency coordinator, fire

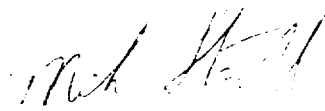
department's phone number and the location of fire extinguishers and spill control equipment near the phone. St. Louis Job Corps must certify that the required information has been posted at the phone near the hazardous waste storage area

Prepared by:



Paul H. Morris
Environmental Specialist II

Reviewed by



Mike Struckhoff
Environmental Specialist IV

Attachments

PHM/as

ATTACHMENT 1



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
COMPLAINT INVESTIGATION INFORMATION

MO Dept. of Natural Resources
Hazardous Waste Program
Jefferson City, MO

St. Louis Job Corps Cen
St. Louis City

980316

INTERVIEW INFORMATION

REFERRED FROM

ROUTING	INITIAL	DATE RECEIVED	Program Assigned
Interviewer	MS	1-7-98	HN
Data Entry	PCW	1-22-98	Complaint No.
Investigator	PHM	1-12-98	File No.
Final Data Entry	CLW	1-27-98	County Name St. Louis City
			Facility ID # 027363

What is the complaint about? HAZARDOUS WASTE STORED
IN A BUILDING AT 4300 GOODFELLOW
BUILDING OWNED BY ARMY ON PROPERTY
OWNED BY LABOR ACCORDING TO COMPLAINT
WASTE AS GENERATED BY LABOR

What is the location of the problem? SW Corner of Stratford and Goodfellow

1/4, 1/4, Sec, Twp, Rge, Co, lat, long

Who or what source is the probable cause of the complaint?

Name US DEPT. OF LABOR
Address JOB CORPS FACILITY
4300 GOODFELLOW
City/State/Zip ST LOUIS MO

HOME TELEPHONE NO

314-679-6272

BUSINESS TELEPHONE NO

INVESTIGATION

Date of Investigation 1-12-98

Observation/Findings On 1-8-98,

After talking with Debra McGrath of the 89th Army Reserve, the inspector was allowed
access about one hour later to the St. Louis Job Corps buildings. This area is still
owned by the 89th Army Reserve and formerly the St. Louis Ordnance Project (SLOP). Mr.
Perry Johnson lead the inspector to the building #220 where Don Kerns had seen all
the haz. waste. Mr. Johnson had told the inspector that all the waste had
been picked up by the Safety Klean Co. An inspection was made of the paint
solvent waste generation storage area. The inspector was told the next day
that all the waste was moved by maintenance to another building and

Conclusion/Recommendations the inspector returned on 12th of January for an
inspection of the storage of this waste. Report Jan. 12, 1998.

Was there environmental impact on: (Check one or more)

☐ Human Health ☐ Water ☐ Air ☐ Land ☒ None

If water was impacted, name affected waters if available.

COMPLAINANT INFORMATION

Complainant: **ADRIAN KERN S**
Address: **ADRIAN DRG**
FEDERAL FACILITIES
City/State/Zip: _____

HOME TELEPHONE NO. _____

BUSINESS PHONE NO. _____

(DENOTE DAYTIME NO. BY AN *)

573-751-3176

FINAL ACTION SUMMARY

PROGRAM INVOLVED

APC		PDW	
<input type="checkbox"/> Fugitive Dust	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Taste & Odors	<input type="checkbox"/> Color
<input type="checkbox"/> Particulate	<input type="checkbox"/> Odors	<input type="checkbox"/> Bacteria	<input type="checkbox"/> Flow
<input type="checkbox"/> Burning	<input type="checkbox"/> Toxics	<input type="checkbox"/> Pressure	<input type="checkbox"/> Toxics
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

SWM		HWM	
<input type="checkbox"/> Open Dumps	<input type="checkbox"/> SLF	<input type="checkbox"/> Transportation	<input type="checkbox"/> TSD
<input type="checkbox"/> Littering	<input type="checkbox"/> Other	<input type="checkbox"/> Generators	<input type="checkbox"/> Waste Oil
<input type="checkbox"/> Waste Tire Dump		<input checked="" type="checkbox"/> Sm. Qty. Gen	<input type="checkbox"/> Other

WPC			
<input type="checkbox"/> Animal Waste	<input type="checkbox"/> Sawdust	<input type="checkbox"/> Toxics/UST	
<input type="checkbox"/> Bypassing	<input type="checkbox"/> Sludge	<input type="checkbox"/> Ground Water	
<input type="checkbox"/> Treatment Plant Oper.	<input type="checkbox"/> Single Family	<input type="checkbox"/> Other	

FINAL ACTION TAKEN

DATE OF ACTION

1-12-98

TO RESPONSIBLE PARTY:

☐ Memo to File ☒ Report ☐ Letter
☐ Phone ☐ Other

REFERRED TO: ☐ City ☐ DOH ☐ DOC ☒ DOA
☐ Other DNR Agency: _____

TO COMPLAINANT:

☒ Copy of Report ☐ Phone ☐ In Person
☐ Anonymous Complaint ☐ Other: _____

Was a Cease and Desist Order, Notice of Violation, or Notice of Excess Emissions issued?

☒ Yes ☐ No

If yes, number:

#5078

DATE ISSUED

1-12-98

Follow-up investigation needed?

☐ Yes ☒ No

DATE PLANNED

Additional Comments, Conclusions, and Final Agency Actions

IF REFERRED TO ANOTHER AGENCY, COPY SENT TO:

ATTACHMENT 2

ATTACHMENT 3

St. Louis City (HW)
U.S. Department of Labor
St. Louis Job Corps

File

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

St. Louis Regional Office
10805 Sunset Office Drive, Suite 100 St. Louis, MO 63127-1038
(314) 822-0101
FAX (314) 822-0945

March 5, 1998

CERTIFIED MAIL #P 495 751 475
RETURN RECEIPT REQUESTED

Mr. Charles Singleteary, Director
U.S. Department of Labor
St. Louis Job Corps Center
4333 Goodfellow
St. Louis, MO 63120

Dear Mr. Singleteary:

The enclosed Notice of Violation (NOV) #5095 lists an additional violation noted as a result of the January 8 and 12, 1998, inspections at your facility. As of the date of this letter, the Department of Natural Resources has not received any response from you, your facility, or your department concerning Notice of Violation #5078 issued at the close of the inspection. Be aware that the Department of Natural Resources considers the violations noted at your facility during the inspection to be a serious threat to human health and the environment, which the Department of Natural Resources believes requires your immediate attention.

In order to document that corrective actions have been taken you are requested to submit a written response within 15 days of receipt of this letter. The response should describe the steps taken to correct all violations identified on both of the Notices of Violation. Please direct your response to Ms. Kathy Flippin, Chief-Enforcement Unit, Hazardous Waste Program, P.O. Box 176, Jefferson City, MO 65102. Also submit a copy of your response to my attention.

Sincerely,

ST. LOUIS REGIONAL OFFICE



Robert S. P. Eck
Regional Director

RSPE/MS/jh

Enclosure NOV #5095

c: Kathy Flippin, HWP-Enforcement



St. Louis City (HW)
~~U.S. Department of Labor~~
St. Louis Job Corps

MO Dept. of Natural Resources
Hazardous Waste Program
Jefferson City, MO

St. Louis Job Corps

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

St. Louis Regional Office
10805 Sunset Office Drive, Suite 100 St. Louis, MO 63127-1038
(314) 822-0101
FAX (314) 822-0943

March 5, 1998

CERTIFIED MAIL #P 495 751 475
RETURN RECEIPT REQUESTED

Mr. Charles Singleteary, Director
U.S. Department of Labor
St. Louis Job Corps Center
4333 Goodfellow
St. Louis, MO 63120

RECEIVED

HAZARDOUS WASTE
MISSOURI DEPARTMENT OF
NATURAL RESOURCES

Dear Mr. Singleteary:

The enclosed Notice of Violation (NOV) #5095 lists an additional violation noted as a result of the January 8 and 12, 1998, inspections at your facility. As of the date of this letter, the Department of Natural Resources has not received any response from you, your facility, or your department concerning Notice of Violation #5078 issued at the close of the inspection. Be aware that the Department of Natural Resources considers the violations noted at your facility during the inspection to be a serious threat to human health and the environment, which the Department of Natural Resources believes requires your immediate attention.

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Sincerely,

ST. LOUIS REGIONAL OFFICE

Robert S. P. Eck

Robert S. P. Eck
Regional Director

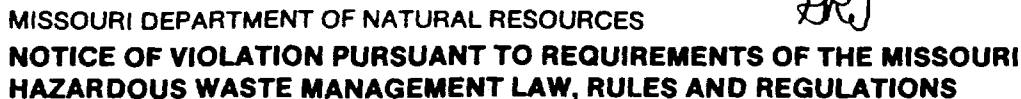
RSPE/MS/jh

Enclosure: NOV #5095

c: Kathy Flippin, HWP-Enforcement

RECEIVED

HAZARDOUS WASTE
MISSOURI DEPARTMENT OF
NATURAL RESOURCES



FACILITY NAME			
UNITED STATES DEPARTMENT OF LABOR ST LOUIS JOB CORPS CENTER			
ADDRESS		CITY	STATE
4333 GOODFELLOW		ST LOUIS MO	MO
MISSOURI ID NUMBER		DATE OF INSPECTION	
027362		JANUARY 8 + 12, 1992	
During an inspection and/or a review of information or documentation completed this date to determine compliance with the requirements of the Missouri Hazardous Waste Management Law, Section 260.350 - 260.550 RSMo, and/or the Rules and Regulations 10 CSR 25 the following violations were identified. The 40/49 CFR regulations cited below have been adopted by reference in the Missouri Hazardous Waste Regulations.			

[illegible]

This information is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order issued pursuant to Section 260.410, RSMo and may not be a complete listing of all violations which may be identified as a result of this inspection.

The owner/operator is hereby requested to submit in writing within 15 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken to: Chief, Enforcement Section, Hazardous Waste Program, Department of Natural Resources, P.O. Box 176, Jefferson City, MO 65102 with a copy to the Director, ST LOUIS Regional Office, 10205 SUNSET OFFICE DR SUITE 100
ST LOUIS MO 63127

The corrective actions taken within 15 days of this notice will be considered in determining whether enforcement action, including the assessment of civil penalties, should be initiated.

If you have any questions on this notice or wish to discuss your response, you may call MIKE STRUCK DOFF
at 314-922-0101 or KATLYN FLIPPIN at 573-751-3176

Signature of Preparer Mike Standif Date 3-6-98

The undersigned person hereby acknowledges that he/she received a copy of this Notice and has read same.

SIGNATURE	PRINTED NAME
SENT BY CERTIFIED MAIL	
TITLE	DATE



MISSOURI DEPARTMENT OF NATURAL RESOURCES

NOTICE OF VIOLATION PURSUANT TO REQUIREMENTS OF THE MISSOURI
HAZARDOUS WASTE MANAGEMENT LAW, RULES AND REGULATIONS

FACILITY NAME <u>UNITED STATES DEPARTMENT OF LABOR</u>			
<u>LOUIS LOB CORPS CENTER</u>			
ADDRESS <u>333 GOODFELLOW</u>		CITY <u>ST LOUIS MO</u>	STATE <u>MO</u> ZIP CODE
MISSOURI ID NUMBER <u>027362</u>		DATE OF INSPECTION <u>JANUARY 8 & 12, 1993</u>	
During an inspection and/or a review of information or documentation completed this date to determine compliance with the requirements of the Missouri Hazardous Waste Management Law, Section 260.350 - 260.550 RSMo, and/or the Rules and Regulations 10 CSR 25 the following violations were identified. The 40/49 CFR regulations cited below have been adopted by reference in the Missouri Hazardous Waste Regulations.			
CITATION		DESCRIPTION OF VIOLATION	
<u>40 CFR 262.11</u>		<u>FAILURE TO DETERMINE IF</u>	
		<u>ARE HAZARDOUS</u>	

This information is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order issued pursuant to Section 260.410, RSMo and may not be a complete listing of all violations which may be identified as a result of this inspection.

The owner/operator is hereby requested to submit in writing within 15 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken to: Chief, Enforcement Section, Hazardous Waste Program, Department of Natural Resources, P.O. Box 176, Jefferson City, MO 65102 with a copy to the Regional Office, 1001 W. 12th St. St. Louis, MO 63102

The corrective actions taken within 15 days of this notice will be considered in determining whether enforcement action, including the assessment of civil penalties, should be initiated.

If you have any questions on this notice or wish to discuss your response, you may call 314-751-2001 or 1-800-392-6633 at ST LOUIS MO

Signature of Preparer [Signature] Date 1/12/93

The undersigned person hereby acknowledges that he/she received a copy of this Notice and has read same.

SIGNATURE	PRINTED NAME
DATE	

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

Mr Charles Longlatery, Director
U.S. Department of Labor
At: Souder-Camp Center
4333 Woodbellow
St. Louis, MO 63120

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Charles Longlatery*

4a. Article Number

P 495 751 475

4b. Service Type

☐ Registered
☐ Express Mail
☐ Certified
☐ Insured
☐ Return Receipt for Merchandise
☐ COD

7. Delayed Delivery

3-6-98

8. Addressee's Address (Only if requested and fee is paid)

MS/jh

SENDER:
■ Complete items 1 and/or 2 for additional services.
■ Complete items 3, 4a, and 4b.
■ Print your name and address on the reverse of this form so that we can return this card to you.
■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
■ Write "Return Receipt Requested" on the mailpiece below the article number.
■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

Thank you for using Return Receipt Service.

P 495 751 475

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to *Mr. Charles Longlatery*
U.S. Dept of Labor - St. L. Goldsby

Street & Number
4333 Woodbellow

Post Office, State, & ZIP Code
St. Louis, MO 63120

Postage
\$.32

Certified Fee
2.45

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees
\$2.77

Postmark or Date

PS Form 3800, April 1995



MISSOURI DEPARTMENT OF NATURAL RESOURCES

NOTICE OF VIOLATION PURSUANT TO REQUIREMENTS OF THE MISSOURI
HAZARDOUS WASTE MANAGEMENT LAW, RULES AND REGULATIONS

5078

FACILITY NAME St. Louis Job Corps			
ADDRESS 6400-Saratford 4333 Good		CITY St. Louis	STATE MO
MISSOURI ID NUMBER 027363		DATE OF INSPECTION January 12, 1993	
During an inspection and/or a review of information or documentation completed this date to determine compliance with the requirements of the Missouri Hazardous Waste Management Law, Section 260.350 - 260.550 RSMo, and/or the Rules and Regulations 10 CSR 25 the following violations were identified. The 40/49 CFR regulations cited below have been adopted by reference in the Missouri Hazardous Waste Regulations.			
CITATION		DESCRIPTION OF VIOLATION	
40 CFR 262.34(a)		Storage exceeds 30 days	
40 CFR 265.171		Containers not in good condition	
10 CSR 25-5.262(2)(c)1		Waste not labeled or marked	
40 CFR 262.34(a)(2)		Date of accumulation not marked on container	
40 CFR 265.174		Facility not measured weekly	
10 CSR 25-5.262(2)(c)2.1		Failed to post "No Smoking" signs in storage area	
10 CSR 25-5.262(2)(c)2.6		No spill control equipment in storage area	
40 CFR 262.34(d)(5)(i)		Emergency coordinator's number not posted near phone	
40 CFR 262.34(d)(5)(ii)		Locations of fire extinguishers and spill control equipment not posted near phone	
This information is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order issued pursuant to Section 260.410, RSMo and may not be a complete listing of all violations which may be identified as a result of this inspection.			
The owner/operator is hereby requested to submit in writing within 15 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary corrective actions to be taken to: Chief, Enforcement Section, Hazardous Waste Program, Department of Natural Resources, P.O. Box 176, Jefferson City, MO 65102 with a copy to the Director, <u>St. Louis</u> Regional Office, <u>St. Louis</u> , MO.			
The corrective actions taken within 15 days of this notice will be considered in determining whether enforcement action, including the assessment of civil penalties, should be initiated.			
If you have any questions on this notice or wish to discuss your response, you may call _____ at <u>314-241-1111</u> or _____ at _____.			
Signature of Preparer <u>[Signature]</u>		Date <u>1-12-93</u>	
The undersigned person hereby acknowledges that he/she received a copy of this Notice and has read same.			
SIGNATURE		PRINTED NAME	
TITLE		DATE	

ATTACHMENT 4



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

BEFORE COMPLETING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

GENERATOR'S NAME

ST. LOUIS JOB CORPS

CONTACT PERSON (NAME)

P.L. JOHNSON

SITE STREET ADDRESS (DO NOT ENTER P.O. BOX)

4333 GOODFELLOW

CITY

STATE

ZIP CODE

ST. LOUIS

MO

63120

GENERATOR'S EPA ID NUMBER

GENERATOR'S MISSOURI ID NUMBER

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR ID NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

☐ (IF ANNUAL CHECKED, PLATE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-**94** (YEAR)

☐ 12-31-____ (YEAR)

☐ 3-31-____ (YEAR)

☐ 6-30-____ (YEAR)

3. PAGE

1 OF **2**

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME ☐ SAME AS LABEL

ST. LOUIS JOB CORPS

5. GENERATOR CONTACT PERSON (NAME) ☐ SAME AS LABEL

P.L. JOHNSON

TELEPHONE NUMBER

(314) 679-6272

6. MAILING ADDRESS

4333 GOODFELLOW

CITY

ST. LOUIS

STATE

MO

ZIP CODE

63120

7. PLANT SITE ADDRESS ☐ SAME AS LABEL

SAME

CITY

STATE

ZIP CODE

8. NAME OF PARENT FIRM

N/A

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9.



SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.

10.



REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11.



REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2)

SECTION D - COMMENTS

12

CORRECTED COPY

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

SIGNATURE

P.L. JOHNSON

6/2/96



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

**GENERATOR'S HAZARDOUS WASTE
SUMMARY REPORT - PART II**

**BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME AND
IDENTIFICATION NUMBERS AS SHOWN ON PART I.**

GENERATOR NAME

ST. LOUIS JOB CORPS

EPA ID NUMBER

M.O.D.O.O.O.5.6.6.2.4.0

MISSOURI I.D. NUMBER

0-2-7-3-6-3

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-**94** (YEAR)

☐ 12-31-____ (YEAR)

☐ 3-31-____ (YEAR)

☐ 6-30-____ (YEAR)

2. PAGE

2 OF **2**

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

LAIDLAW ENVIRONMENTAL SERVICES, INC.

5. FACILITY SITE ADDRESS

3536 FITE RD.

4. FACILITY'S EPA I.D. NUMBER

T-N-D-O-O-061-4-3-2-1

6. FACILITY'S MISSOURI I.D. NUMBER

H-B-T-N-O-I

CITY

STATE

ZIP CODE

SECTION H - WASTE IDENTIFICATION

L I N E	7. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	8. EPA HAZARDOUS WASTE NUMBER	9. TAX CODE (SEE INST.)	10. TOTAL AMOUNT OF WASTE	11. UNIT OF MEAS.	12. SPECIFIC GRAVITY	13. FINAL HANDLING CODE
1	(MINERAL SPIRITS) WASTE PAINT THINNER	D-00-1 F-00-3	08	165	G	1.0	T-5-0
2							
3							
4							
5							
6							
7							
8							

SECTION I - TRANSPORTATION SERVICE PROVIDED

14. COMPANY NAME

15. MOTOR VEHICLE REGISTRATION STATE

16. US EPA I.D. NUMBER

a. **BRYSON INDUSTRIAL SERVICE**

H-1-5-5-1 T-N-D-9-8-7-7-7-8-0-1-4

b.

H-...

c.

H-...

SECTION J - COMMENTS

17



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

**GENERATOR'S HAZARDOUS WASTE
SUMMARY REPORT - PART I**

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:		
GENERATOR'S NAME St. Louis Job Corps		
CONTACT PERSON (NAME) James Wolfe		
SITE STREET ADDRESS (DO NOT ENTER P.O. BOX) 4333 Goodfellow		
CITY St. Louis	STATE MO	ZIP CODE 63120
GENERATOR'S EPA I.D. NUMBER M.O.D.0.0.0.5.6.6.2.4.0		GENERATOR'S MISSOURI I.D. NUMBER 0.2.7.3.6.3
NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.		

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE) <input checked="" type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUAL (IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)	2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR) <input type="checkbox"/> 9-30-___ (YEAR) <input checked="" type="checkbox"/> 12-31-94 (YEAR) <input type="checkbox"/> 3-31-___ (YEAR) <input type="checkbox"/> 6-30-___ (YEAR)	3. PAGE 1 OF 2
--	--	-------------------

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME <input type="checkbox"/> SAME AS LABEL St. Louis Job Corps			
5. GENERATOR CONTACT PERSON (NAME) <input type="checkbox"/> SAME AS LABEL James Wolfe		TELEPHONE NUMBER (314) 679-6158	
6. MAILING ADDRESS 4333 Goodfellow	CITY St. Louis	STATE MO	ZIP CODE 63120
7. PLANT SITE ADDRESS <input type="checkbox"/> SAME AS LABEL SAME	CITY	STATE	ZIP CODE
8. NAME OF PARENT FIRM NA			OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9. <input checked="" type="checkbox"/> SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.	10. <input type="checkbox"/> REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)	11. <input type="checkbox"/> REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).
--	---	--

SECTION D - COMMENTS

12.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME P. L. Johnson	SIGNATURE 	DATE 4/14/95
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176
**GENERATOR'S HAZARDOUS WASTE
REPORT SUMMARY SHEET - PART II**

**BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME
AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.**

GENERATOR NAME

St. Louis Job Corps

EPA ID NUMBER

M.O.D.O.O.O.5.6.6.2.4.0

MISSOURI I.D. NUMBER

0.2.7.3.6.3

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30-94 (YEAR)

☒ 12-31-94 (YEAR)

☐ 3-31-____ (YEAR)

☐ 6-30-____ (YEAR)

2. PAGE

2 OF 2

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

Laidlaw Environmental Services, Inc.

5. FACILITY SITE ADDRESS

3536 Fite Rd.

CITY

Millington

STATE

TN

ZIP CODE

38053

4. FACILITY'S EPA I.D. NUMBER

T.N.D.O.O.O.6.1.4.3.2.1

6. FACILITY'S MISSOURI I.D. NUMBER

H.H.T.N.O.1

SECTION H - WASTE IDENTIFICATION

7.	DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	8.	DOT HAZARD CODE	9.	EPA HAZARDOUS WASTE NUMBER	10.	TAX CODE (SEE INST.)	11.	TOTAL AMOUNT OF WASTE	12.	UNIT OF MEAS.	13.	SPECIFIC GRAVITY	14.	FINAL HANDLING CODE
1	Waste paint thinner (mineral spirits)	08	D 0 0 1	F 0 0 3				165		G		1.0		T 5 0	
2															
3															
4															
5															
6															
7															
8															

SECTION I - TRANSPORTATION SERVICES UTILIZED

15. COMPANY NAME	16. MISSOURI I.D. NO.	17. US EPA I.D. NUMBER
a		
b	Bryson Industrial Service	H-1551 TND987778.0.1.6
c		

SECTION J - COMMENTS

INSTRUCTIONS FOR THE COM-
PLETION OF THIS FORM ARE ON A
SEPARATE SHEET
THIS DOCUMENT MUST BE USED
FOR ALL MISSOURI-DESTINED
SHIPMENTS

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

HAZARDOUS WASTE MANIFEST

1377
EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-8802
CHEMTREC
1-800-424-9300
DEPT. OF NATURAL RESOURCES
314-534-2436

ease print or type (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB N-2050-0039 Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No M O D 0 0 0 5 6 6 2 4 0	Manifest Document No 00001	2 Page 1 of 1	Information in the shaded areas is required by State law
3 Generator's Name and Mailing Address St. Louis Job Corps 4333 Goodfellow St. Louis, MO 63120		4 Generator's Phone (314) 679-6158		5 Missouri Manifest Document Number 0 2 7 3 6 3 0 0 0 1	
6 Transporter 1 Company Name Rayson Industrial Service, Inc.		7 Transporter 1 US EPA ID Number 098778016		8 Transporter 1 Phone 217-557-1111	
9 Designated Facility Name and Site Address Laidlaw Environmental Services, Inc. 3536 Fite Rd. Millington, TN 38053		10 US EPA ID Number T N D 0 0 0 6 1 4 3 2 1		11 Facility Phone 300-546-3125	
12 Containers Number Type 002 00110 003 D M 00165 G		13 Total 00110 00165 G		14 Unit Wt/Vol	
15 Waste flammable liquid, n.o.s., (mineral spirits), 3, UN1993, II, RQ		EPA WASTE CODE D 0 0 1		STATE TN	
WASTE FLAMMABLE LIQUID, N.O.S. MINERAL SPIRITS, 3, UN1993, II RQ		EPA WASTE CODE D 0 0 1		STATE TN	
J. Additional Descriptions for Materials Listed Above		K. HANDLING CODE (FACILITY USE ONLY)		COMMENTS	
F003, Profile #I240-IL101 spec grav=1		INTERIM FINAL			
16 Special Handling Instructions and Additional Information If not deliverable, return to generator as addressed. Tractor Lic# 4586 HZ state TN Trailer Lic# W-1575 TN					
17 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name, hazard class, and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the Department of Transportation.					
18 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: James Wolfe Signature: James Wolfe Date: 9/22/94					
19 Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: CHARLES D. DENNIS Signature: Charles D. Dennis Date: 9/22/94					
20 Discrepancy Indication Space					
21 Designated Facility Owner or Operator Certification: I hereby certify that the waste is properly managed in accordance with the requirements of the Resource Conservation and Recovery Act (RCRA) and the Department of the Environment.					
Printed/Typed Name: KENNETH L. RAGLAND Signature: Kenneth L. Ragland Date: 09/27/94					

MISSOURI DNR FINAL COPY - PART 1

THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED

ATTACHMENT 5



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
SMALL QUANTITY GENERATOR
INSPECTION RECORD AND CHECKLIST

S
SOG-INSP.

ONLY FOR FACILITIES THAT GENERATE/ACCUMULATE < 1000 Kg (2,200 lbs. or approximately 5 drums)

NAME St. Louis Job Corps Center		DATE 1-12-98	EPA ID NUMBER MO0000566240
ADDRESS 4333 Goodfellow		RR NO	MO ID NUMBER 027363
CITY St. Louis	COUNTY	# OF EMPLOYEES	YEARS AT SITE
		TELEPHONE NUMBER 314-679-6272	

FACILITY REPRESENTATIVE(S), TITLE(S)
Perry L. Johnson, Manager of Safety and Security; Charles Singleton, Director

DATE(S) OF LAST INSPECTION(S)

LATITUDE DEG ____ MIN ____ SEC ____	LONGITUDE DEG ____ MIN ____ SEC ____
--	---

DESCRIPTION OF THE FACILITY'S OPERATIONS AND PLANT

see report

WASTE STREAMS

DESCRIBE EACH WASTE STREAM GENERATED INCLUDING THE PRODUCTION PROCESS	GENERATION RATE	EPA WASTE CODE(S)	DISPOSITION
1. Waste paint solvent	40 P	D001 F003	
2.			
3.			
4.			
5.			

A. GENERAL

1. <input checked="" type="checkbox"/> Registered as a hazardous waste generator - Section 260.380.1 (1) RSMo and 10 CSR 25-5.262 (2)(A).	1	GGR
2. <input checked="" type="checkbox"/> Facility determines if waste is hazardous - 10 CSR 25-5.262(1) incorporating 40 CFR 262.11.	1	GGR
3. <input checked="" type="checkbox"/> Utilizes a licensed hazardous waste transporter - Section 260.380.1(5) RSMo.	1	GGR
4. <input checked="" type="checkbox"/> Utilizes authorized HW TSD or RR facility - Section 260.380.1(7) RSMo.	1	GGR
5. <input checked="" type="checkbox"/> Facility does not operate as a TSD - Section 260.390(1) RSMo.	1	GGR

COMMENTS

PART 1: WALK-THROUGH INSPECTION

B. PRETRANSPORT, CONTAINERIZATION & STORAGE

1. <input type="checkbox"/> Storage does not exceed 180 days 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d) or 270 days if transported > 200 miles - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(e)	1	GSQ
2. <input type="checkbox"/> Containers in good condition - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.171.	1	GPT
3. <input checked="" type="checkbox"/> Waste compatible with container - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.172.	1	GPT
4. <input checked="" type="checkbox"/> Containers closed in storage - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.173(a).	1	GPT
5. <input checked="" type="checkbox"/> Containers storing incompatible waste separated or protected from each other by a dike, berm or wall - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(2) referencing 40 CFR 265.177(c).	1	GPT
6. <input checked="" type="checkbox"/> Containers of ignitable or reactive waste stored > 50 ft. from property line (or meet requirements) - 10 CSR 25-5.262(2)(C)6 referencing 40 CFR 265.176 as amended by 10 CSR 25-7.265(2)(I) 7 and 8.	2	GOR
7. <input type="checkbox"/> Waste packaged/labeled/marked per DOT during entire on-site storage period - 10 CSR 25-5.262(2)(C)1.	2	GOR
8. <input type="checkbox"/> Date of accumulation marked on containers - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(2).	2	GPT
9. <input checked="" type="checkbox"/> Containers protected from contact with accumulated liquids - 10 CSR 25-5.262(2)(C)2.D.(II).	2	GOR
10. <input checked="" type="checkbox"/> Containers clearly marked "Hazardous Waste" - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(3).	2	GPT
11. <input type="checkbox"/> Facility inspected and maintained (weekly) - 10 CSR 25-5.262(2)(C)2.C.(II) referencing 40 CFR 265.174.	2	GPT
12. <input checked="" type="checkbox"/> Daily inspection of areas subject to spills, i.e., waste handling areas - 10 CSR 25-5.262(2)(C)2.C.(II) referencing 40 CFR 265.195.	2	GOR
13. <input checked="" type="checkbox"/> Adequate aisle space is available - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.35.	2	GPT
14. <input checked="" type="checkbox"/> Placards available for transporter - 10 CSR 25-5.262(1) incorporating 40 CFR 262.33.	2	GPT
15. <input type="checkbox"/> "No Smoking" signs conspicuously placed by ignitable or reactive wastes - 10 CSR 25-5.262(2)(C)2.F.(II).	2	GOR

COMMENTS
both paint waste solvent and
all unmarked containers
resting drums and paint cans

No DOT labels or marking

Dates not on bulk of materials

failed to know where this waste
was stored

none, but smoking area designated
outside storage building

C. SATELLITE ACCUMULATION

1. <input type="checkbox"/> Containers kept closed - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(i) referencing 40 CFR 265.173(a).	1	GPT
2. <input type="checkbox"/> Containers in good condition - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(i) referencing 40 CFR 265.171.	1	GPT
3. <input type="checkbox"/> Waste compatible with container - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(i) referencing 40 CFR 265.172.	1	GPT
4. <input type="checkbox"/> Quantities accumulated not exceeding 55 gal (1 quart of acutely-hazardous wastes) - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1).	1	GPT
5. <input type="checkbox"/> Satellite containers go to storage within 3 days of filling - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(2).	1	GPT
6. <input type="checkbox"/> Container marked identifying contents & beginning date - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(c)(1)(ii) as amended by 10 CSR 25-5.262(2)(C)3.	2	GOR

COMMENTS

7. <input checked="" type="checkbox"/> Stored in satellite area less than 1 year - 10 CSR 25-5.262(2)(C)3.	2	GOR	COMMENTS	
--	---	-----	----------	--

D. PREPAREDNESS AND PREVENTION AND EMERGENCY PROCEDURES

1. <input checked="" type="checkbox"/> Facility operated and maintained to minimize the possibility of an emergency - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.31.	1	GPT	None	
2. <input type="checkbox"/> Adequate and proper spill control, decontamination and safety equipment available (fire blankets, respirators, SCBA, absorbents, etc.) and properly tested and maintained - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32 as amended by 10 CSR 25-5.262(2)(C)2.G.	2	GPT		
3. <input checked="" type="checkbox"/> Adequate water supply and fire control equipment - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32(c) and (d).	2	GPT		
4. <input checked="" type="checkbox"/> Communication and emergency equipment tested and maintained - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.33.	2	GPT	No	
5. <input type="checkbox"/> Emergency coordinator's name and phone number posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii).	2	GSQ		
6. <input checked="" type="checkbox"/> Telephone number of fire department posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii).	2	GSQ		
7. <input type="checkbox"/> Location of fire extinguisher and spill control equipment posted near phone - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(ii).	2	GSQ		
8. <input checked="" type="checkbox"/> Employees familiar with waste handling and emergency procedures - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(iii).	2	GSQ		
9. <input checked="" type="checkbox"/> Device in the hazardous waste operation area capable of summoning emergency assistance - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.34(a).	2	GPT		
10. <input checked="" type="checkbox"/> Telephone or two-way radio on-site and capable of summoning local fire or police dept. - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.32(b).	2	GPT		

E. SOG TANKS

TANK DESIGNATION	CONTENTS	CAPACITY	CONTAINMENT	AGE
1. <i>NA</i>				
2.				
3.				

1. <input type="checkbox"/> Uncovered tanks have 2 ft. freeboard or containment system - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(3).	1	GPT	COMMENTS	
2. <input type="checkbox"/> Continuously fed tanks equipped with a feed cut-off system or a proper by-pass system - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(4).	1	GPT		
3. <input type="checkbox"/> Waste and/or treatment method is compatible with tank - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(b)(2).	1	GPT		
4. <input type="checkbox"/> Incompatible wastes not placed in same tank - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(f)(1).	1	GPT		
5. <input type="checkbox"/> Ignitable or reactive wastes rendered safe/protected from sources of ignition or reaction - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(e)(1).	1	GPT		
6. <input type="checkbox"/> Ignitable or reactive wastes in covered tanks treated/stored in accordance with NFPA's buffer zone requirements - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(e)(2).	1	GPT		
7. <input type="checkbox"/> Volatiles with vapor pressure > 78 mm Hg @ 25° C not placed in open tanks - 10 CSR 25-5.262(2)(C)2.F.(i).	1	GOR		
8. <input type="checkbox"/> Wastes and residues removed from tank and equipment, and handled properly upon closure - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(d).	1	GPT		
9. <input type="checkbox"/> Tanks are clearly labeled or marked "Hazardous Waste" - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 262.34(a)(3).	2	GPT		

10. <input type="checkbox"/> Inspection of waste feed cut off, bypass system, monitoring data and freeboard each operating day - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(c).	2	GPT	COMMENTS
11. <input type="checkbox"/> Weekly inspection of confinement structure, construction materials and general area for leaks, corrosion or discharges - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(3) referencing 40 CFR 265.201(c)5.	2	GPT	

PART 2: RECORDS INSPECTION

F. MANIFESTS

1. <input checked="" type="checkbox"/> Facility uses manifest system or wastes reclaimed under contractual agreement - 260.380.1(6) RSMo and 10 CSR 25-5.262(2)(B) or 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(e)1.	1	GMR	COMMENTS
2. <input checked="" type="checkbox"/> Generator maintains a copy of the reclamation agreement on-site for at least 3 years after expiration of agreement - 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(e)(2).	2	GMR	
3. <input checked="" type="checkbox"/> Records maintained for a 3 year period - 10 CSR 25-5.262(1) incorporating 40 CFR 262.40(a).	2	GRR	
4. <input checked="" type="checkbox"/> Generator's MO & EPA I.D. Numbers - 10 CSR 25-5.262(1) incorporating 40 CFR 262.20(a) as amended by 10 CSR 25-5.262(2)(B)1.	2	GOR	
5. <input checked="" type="checkbox"/> Manifest document ID and consecutive shipment numbers - 10 CSR 25-5.262(2)(B)2.A.	2	GOR	
6. <input checked="" type="checkbox"/> Generator's name, address and phone number - 10 CSR 25-5.262(2)(B)1.	2	GMR	
7. <input checked="" type="checkbox"/> All transporters' names, phone numbers, license plate #s, MO & EPA I.D.#s - 10 CSR 25-5.262(2)(B)1 and 2.	2	GMR	
8. <input checked="" type="checkbox"/> Designated facility name, address, phone, MO & EPA I.D.#, - 10 CSR 25-5.262(2)(B)1 and 2.	2	GMR	
9. <input checked="" type="checkbox"/> DOT shipping name, Hazard Class and waste I.D. # (RQ - if required)- 10 CSR 25-5.262(2)(B) 1 and 2.	2	GMR	
10. <input checked="" type="checkbox"/> Containers, quantity and specific gravity designated - 10 CSR 25-5.262(2)(B) 1 and 2.	2	GMR	
11. <input checked="" type="checkbox"/> Manifest signed and dated - 10 CSR 25-5.262(2)(B) 1.	2	GMR	
12. <input checked="" type="checkbox"/> Out of state manifests have all required MO information - 10 CSR 25-5.262(2)(B)4.A.	2	GOR	
13. <input checked="" type="checkbox"/> Manifest continuation sheets are not used - 10 CSR 25-5.262(2) (B)1 .	2	GOR	
14. <input checked="" type="checkbox"/> Manifest returned within 35 days - or exception report submitted within 45 days - 10 CSR 25-5.262(2)(D)2.C .	2	GRR	
15. <input checked="" type="checkbox"/> Manifest summary reports and manifests sent to DNR quarterly ^{OR} annually if one shipment or no shipments are made - 10 CSR 25-5.262(2)(D)1.B and 10 CSR 25-5.262(2)(D)1.E.	2	GOR	
16. <input checked="" type="checkbox"/> Tests waste or uses knowledge of waste to determine if the waste is restricted from land disposal - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(a).	2	GLB	
17. <input checked="" type="checkbox"/> "Land-Ban" notification/certification sent with manifests or with 1st shipment under a tolling agreement - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(a).	2	GLB	
18. <input checked="" type="checkbox"/> Notification/certification includes correct EPA hazardous waste number, corresponding treatment standards, manifest number, and waste analysis data - 10 CSR 25-7.268(1) incorporating 40 CFR 268.7(b)(4) and (5).	2	GLB	

G. PREPAREDNESS AND PREVENTION

1. <input checked="" type="checkbox"/> Arrangements with local emergency agencies - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(4) referencing 40 CFR 265.37.	2	GPT	COMMENTS
2. <input checked="" type="checkbox"/> Emergency coordinator(s) on premise or on call - 10 CSR 25-5.262(1) incorporating 40 CFR 262.34(d)(5)(i).	2	GSQ	

H. USED OIL STORAGE

1. <input checked="" type="checkbox"/> Used oil is managed properly and not disposed of into the environment or cause a public nuisance - 10 CSR 25-11.279(2)(B)4.B.	1	
2. <input type="checkbox"/> Containers in good condition - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(b)(1).	2	
3. <input type="checkbox"/> Containers storing used oil are not leaking - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(b)(2).	2	

4. <input checked="" type="checkbox"/> Containers/aboveground tanks are labeled or marked clearly "Used Oil" - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(c)(1).	2	COMMENTS			
5. <input checked="" type="checkbox"/> Fill pipes used to transfer used oil into underground storage tanks are labeled or marked clearly "Used Oil" - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(c)(2).	2				
6. <input type="checkbox"/> Containers/tanks which are exposed to rainfall are closed - 10 CSR 25-11.279(2)(C)6.	2				
7. <input type="checkbox"/> Clean up any spills or leaks of used oil - 10 CSR 25-11.279(1) incorporating 40 CFR 279.22(d).	2				
8. <input checked="" type="checkbox"/> Mixtures of used oil and hazardous waste are properly managed - 10 CSR 25-11.279(2)(B)(2).	2				
I. ON-SITE BURNING					
1. <input type="checkbox"/> Burn only their own used oil or used oil from DIY'ers or exempt farmers - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(a).	1	COMMENTS			
2. <input checked="" type="checkbox"/> Burn only in space heaters with design capacity < .5 million BTU/hr - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(b).	1				
3. <input type="checkbox"/> Combustion gases from the heater are vented to the ambient air - 10 CSR 25-11.279(1) incorporating 40 CFR 279.23(c).	1				
J. OFF-SITE SHIPMENTS TO APPROVED COLLECTION CENTERS					
1. <input checked="" type="checkbox"/> Used oil is transported by transporters who have obtained EPA identification numbers - 10 CSR 11.279(1) incorporating 40 CFR 279.24. (if no licensed transporter is used)	1				
2. <input checked="" type="checkbox"/> Transports used oil in a vehicle owned by the generator or owned by an employee of the generator - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(1).	2				
3. <input type="checkbox"/> Transports no more than 55 gallons of used oil at any time - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(2).	2				
4. <input type="checkbox"/> Transports the used oil to a used oil collection center that is registered, licensed, permitted, or recognized by a state/county/municipal government to manage used oil - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(a)(3).	2				
OR					
5. <input type="checkbox"/> Transports the used oil to an aggregation point that is owned and/or operated by the same generator - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(b)(3).	2				
OR					
6. <input checked="" type="checkbox"/> Used oil is reclaimed under a contractual agreement (tolling arrangement) - 10 CSR 25-11.279(1) incorporating 40 CFR 279.24(c).	2				
K. RESOURCE RECOVERY					
1. <input checked="" type="checkbox"/> RR certification for energy recovery or reclamation of hazardous waste on-site - 10 CSR 25-9.020(1)(A)3.	1			GOR	COMMENTS
2. <input type="checkbox"/> Still bottoms or RR residues disposed of property - Section 260.380.1(7) RSMo.	1	GOR			
3. <input type="checkbox"/> Facility is classified as U, R1, or R2 accurately - 10 CSR 25-9.020(3)(A).	2	GOR			
4. <input type="checkbox"/> Facility meets the operating conditions of certification - 10 CSR 25-9.020(3).	2	GOR			
5. <input type="checkbox"/> Facility has submitted a written request and received approval from the DNR for all changes in operation including closure - 10 CSR 25-9.020(3)(E) 1 and 2.	2	GOR			
6. <input type="checkbox"/> Facility report submitted to DNR quarterly - 10 CSR 25-9.020(3)(E)6 referencing 10 CSR 25-7.264(2)(E)3.	2	GOR			
7. <input type="checkbox"/> Facility maintains a complete written operating record - 10 CSR 25-9.020(3)(E)5 referencing 40 CFR 264.73(b)(1) and (2) as modified by 10 CSR 25-7.264(2)(E)2.	2	GOR			
8. <input checked="" type="checkbox"/> Facility has notified EPA and the state that it qualifies for a small quantity on-site burner exemption or has interim status or a permit if it burns hazardous waste on-site - 10 CSR 25-7.266(1) incorporating 40 CFR 266.108 and 40 CFR 266.103.	2	GOR	COMMENTS		

CHECKLIST KEY

Check the ☒ if in compliance.

Circle the ☐ if not in compliance and provide comment.

N/A = Not Applicable.

An item emphasized by a black line on the left is a serious deviation from the requirements (Class I violation).

An unemphasized item is a significant deviation from the requirements (Class II violation unless conditions warrant Class I).

COMMENTS: INCLUDE DISCUSSION OF FACILITIES WASTE MINIMIZATION PLAN

Check all Potential Multi-Media Violations and Impacts (specify and comment below if possible)

APC		PDW	
<input type="checkbox"/> Fugitive Dust	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Taste & Odors	<input type="checkbox"/> Color
<input type="checkbox"/> Particulate	<input type="checkbox"/> Odors	<input type="checkbox"/> Bacteria	<input type="checkbox"/> Flow
<input type="checkbox"/> Burning	<input type="checkbox"/> Toxics	<input type="checkbox"/> Pressure	<input type="checkbox"/> Toxics
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

SWM		HW	
<input type="checkbox"/> Open Dumps	<input type="checkbox"/> SLF	<input type="checkbox"/> Transportation	<input type="checkbox"/> USTs/LUSTs
<input type="checkbox"/> Littering	<input type="checkbox"/> Other	<input type="checkbox"/> PCBs	<input type="checkbox"/> Other
<input type="checkbox"/> Waste Tire Dump			

WPC		
<input type="checkbox"/> Animal Waste	<input type="checkbox"/> Sawdust	<input type="checkbox"/> Ground Water
<input type="checkbox"/> Bypassing	<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water
<input type="checkbox"/> Treatment Plant Oper.	<input type="checkbox"/> Single Family	<input type="checkbox"/> Other

COMMENTS:

INSPECTOR'S SIGNATURE

G. H. Morris

DATE

1-12-97

ATTACHMENT 6



1-12-98

3926-0

Rusted containers of waste
at St. Louis Job Corps Center
(barrel in foreground buckling out)

PHM

PHM

Paint solvent drum at St. Louis Job Corps.

1-12-98

3926-02

1-12-98

3926-02

Drums and containers at St. Louis Job Corps.

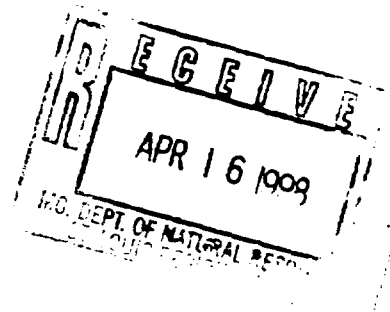
PHM

ST. LOUIS



CENTER

4333 Goodfellow Boulevard
St. Louis, Missouri 63120
(314) 679-6200



April 15, 1998

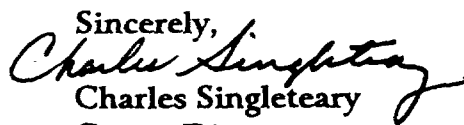
Mr. Robert S. P. Eck
Regional Director
State of Missouri
DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
St. Louis Regional Office
10805 Sunset Office Drive, Suite 100
St. Louis, MO 63127-1038

Dear Mr. Eck:

Please find enclosed the "Hazardous Waste Manifests" and supplementary documentation of the disposal of waste materials in compliance with your letter dated April 6, 1998. As indicated, the proper removal of these items was completed on April 13, 1998.

Since the origin of these hazardous materials is unknown and the existence was inadvertently discovered during the preparation for demolition of an unused Center building, and the Center does not have knowledge of any additional waste materials or plans to store any materials other than paint solvents, no repeat of hazardous waste violations are anticipated.

If you have questions, please contact me or Mike Miller, Manager of Maintenance at 314-679-6289.

Sincerely,

Charles Singleteary
Center Director

PC: Kathy Flippin, Chief-Enforcement Unit, Hazardous Waste Program
Rodney Salimi, Senior Environmental Engineer, Dynamic Technical Systems, Inc.
Jerry Davis, Project Manager, DOL Region VII/VIII

Operated by MINACT, INC. Under Contract With Department of Labor
An Equal Opportunity Employer

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEM TREC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-634-2438
-----------------------	------------------------------------	-----------------------------	---

Please print or type (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 4101010101516171819		Manifest Document No. 18002		2. Page 1 of 1		Information in the shaded areas is required by State law.			
3. Generator's Name and Mailing Address ST. LOUIS JOB CORPS. JIM WOLFE 4333 CORDELLOR BLVD., ST. LOUIS, MO 63120		4. Generator's Phone (314) 479-6289		5. Transporter 1 Company Name LADLAN ENVIRONMENTAL SERVICES (TSE) INC		6. US EPA ID Number 1101010101516171819		7. Transporter 2 Company Name SCHIRM TRUCK CO		8. US EPA ID Number 1101010101516171819	
9. Designated Facility Name and Site Address LADLAN ENVIRONMENTAL SERVICES (TSE) INC 2815 OLD GREENBRIER PIKE GREENBRIER, TN 37611		10. US EPA ID Number 1101010101516171819		11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any)) a. WASTE PESTICIDES, LIQUID, TOXIC, FLAMMABLE, R.O.D., S.I., I 281907, II ERG 1111 RQ(D001, D002)		12. Containers Number Type		13. Total Quantity		14. Unit Wt/Vol	
				b. WASTE COMPOUNDS, CLEANING LIQUID, I, NA1997, II ERG 1128 RQ(D001)		202 DM		004.00		P	
				c. WASTE COMPOUNDS, CLEANING LIQUID, R, NA1760, II ERG 1154 RQ(D002)		202 DF		00.500		P	
				d. Waste compounds, Cleaning Liquid, R, NA1760, II ERG 1154, RQ(D002)		201 DM		00.150		P	
15. Special Handling Instructions and Additional Information											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.		Printed/Typed Name Mike Wilson		Signature Mike Wilson		Month Day Year 11/13/98					
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name David M. Lindner		Signature David M. Lindner		Month Day Year 12/11/98					
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year					
19. Discrepancy Indication Space											
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name		Signature		Month Day Year					

Customer Notification And Certification**FORM A**Page 1 of 2Generator Name/Location: ST. LOUIS TOB CO. / ST. LOUIS, MOEPA I.D. Number: MOH000566240Waste Profile or ARF Designation: SEE FORM BManifest Number: 98002EPA Waste Number(s): SEE FORM BWaste Analysis Available? Yes (attached) X No X On file at receiving facility _____**Unrestricted Waste Notification (Category 1)**

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

- ☐ I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be variances for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

- ☒ (2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

- ☐ (2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
_____ §268.45(b)(1)- Toxicity characteristic debris;
_____ §268.45(b)(2)- Debris contaminated with listed waste;
_____ §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

- ☐ I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

- ☐ I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA § 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment.

SIGNATURE: Mike Miller DATE: 4/12/98PRINT NAME: Mike Miller TITLE: Masterman Mgr

Container Contents

☒ Bulk
Code

☐ Lab Pack
Number

RQ

Year Month Day

Container Number:	780413	6E246	007-009	Chemist
Shipping Name: WASTE (COMPOUNDS, CHEMICAL (LIQUID))				
Container Type:	DF/DM	Size	55	ID Number: NA 1760
Hazard Class:		PS, PG II		

Profile Number	27100101
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	HYDROXIDE 70-70	L	255.2L		D-02
02	SILICATES 10-15				
03	HAZEL 35-66				
04	CEMENT 0-10				
05					
06	007-306DM - Colorless Liquid, pH=13.14, no Solids				
07	009-306DF -				
08	009-556DF -				
09					
10					
11					
12					
13					
14					
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24					
25					
26					
27					
28					

ABSORBENT
C - CORN COB
V - VERMICULITE
O - OIL DRY
X - OTHER

PS - PHYSICAL STATE
L - LIQUID/PORABLE
S - SOLID
SL - SLUDGE
D - POWDER OR DUST

IC - INTERNAL CONTAINER
G - GLASS M - METAL
P - PLASTIC F - FIBER
B - BAGGED

This Lab Pack list continues:

Yes ☐ No ☒

This is page 1 of 1

Container Contents

☒ Bulk
Code

☐ Lab Pack
Number

RQ _____

Year Month Day

Container Number:	7/8 0/1/1/2	6/2/24/6	005-006	Chemist
Shipping Name:	WASTE (CONTAMINATED) CLEANING LIQUID			
Container Type:	DM	Size 55/20	ID Number: NA 1593	HM Absorbent CVOX
Hazard Class:	3, PG II			

Profile Number	I 248 IL 1-3
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	WASTE (CONTAMINATED) CLEANING LIQUID	L	855 gal		2501
02	SOLVENTS				
03	WASTE				
04	WASTE				
05					
06					
07	005- 555 DM - Amber Lg, No Solids				
08	006- 306 DM - ↓				
09					
10					
11					
12					
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27					
28					

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This Lab Pack list continues:

Yes ☐ No ☒

This is page 1 of 1

THIS WASTE DOES NOT CONTAIN ANY DIOXINS, CHLORINATED FURANS, EXPLOSIVES OR RADIOACTIVE MATERIALS.

Container Contents

☒ Bulk

☐ Lab Pack

RQ

Year Month Day

Code

Number

Container Number:	780913	61240	001-004	Chemist
Shipping Name:	WASTE PESTICIDES, LIQUID, DILUTED, FLAMMABLE, MIX			
Container Type:	DF	Size	45	ID Number: UN2903
Hazard Class:	6.1, PG I			

Profile Number	124201/11
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	Herbicide	L	4 x 15 gal		D001
02	PETROLEUM PESTICIDES				D002
03	1,4-DICHLOROBENZENE				D027
04					
05					
06	001 - Colorless Liquid, pH = 13 NaOH sol.				
07	002 -				
08	003 -				
09	004 -				
10					
11					
12					
13					
14					
15					
16					
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26					
27					
28					

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This Lab Pack list continues:

Yes ☐ No ☒

This is page 1 of 1

Customer Notification And CertificationPage 1 of 2Generator Name/Location: ST. LOUIS Job Corps / ST. LOUIS, MO. 63120EPA I.D. Number: MO0000566290Waste Profile or ARF Designation: SEE FORM B

Manifest Number: _____

EPA Waste Number(s): SEE FORM BWaste Analysis Available? Yes (attached) _____ No ☒ On file at receiving facility _____**Unrestricted Waste Notification (Category 1)**

Mark the statement below if you generate a waste that is not a land disposal restricted waste (the waste has no applicable treatment standards).

- ☒ I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR §268, Subpart D or any applicable prohibitions set forth in 40 CFR §268.32 or RCRA Section 3004(d).

Restricted Waste/Debris Notification (Category 2)

Mark statement (2a) below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards).

NOTE-1: A waste may pass one or more standards and require treatment or be variances for others. In this case, all applicable categories must be checked. NOTE-2: D001, D002 and D012 - D043 wastes must be evaluated for underlying constituents found in 40 CFR §268.48 (Table UTS), that are reasonably expected to be present. A list of these constituents must be included on FORM B, or attached to and accompany this notification with each waste shipment. Mark statement (2b) if you generate a debris waste that will be treated to the alternate debris standards located in 40 CFR §268.45.

- ☒ (2a) Restricted Waste Notification
I notify that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is subject to the treatment standards specified in 40 CFR §268 Subpart D. The waste: (a) must be treated to the appropriate regulatory treatment standard, by the appropriate regulatory treatment method; (b) qualifies for a variance as described in category 3 below; or (c) meets some or all of the standards as described in Category 4 below.

- ☐ (2b) Alternate Debris Treatment Notification: This hazardous debris is subject to the alternate treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment [check all that apply]:
_____ §268.45(b)(1)- Toxicity characteristic debris;
_____ §268.45(b)(2)- Debris contaminated with listed waste;
_____ §268.45(b)(3)- Cyanide reactive debris.

Restricted Waste Variance Notification (Category 3)

Mark the statement below and list the applicable variance date on Form B, if you generate a waste which does not require treatment prior to land disposal because of a variance (including a case-by-case extension under 40 CFR §268.5, a nationwide variance under 40 CFR §268 Subpart C, a no migration petition under 40 CFR §268.6, or other applicable variance).

- ☐ I notify pursuant to 40 CFR §268.7(a)(3) that I am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that this waste is subject to a national capacity variance under 40 CFR §268 Subpart C, or a case-by-case extension under 40 CFR §268.5, or an exemption under 40 CFR §268.6.

Restricted Waste Certification (Treatment Standards Met) (Category 4)

Mark the certification statement below if you generate a waste that is restricted from land disposal (the waste has applicable treatment standards), and the waste meets the standards as generated. Note: All applicable constituent standards must be accounted for. A waste may pass one or more standards and require treatment or be variance for other constituents. In this case, all applicable categories must be checked.

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SIGNATURE: [Signature] DATE: 4/9/98

PRINT NAME: _____ TITLE: _____

Manifest :

[illegible]

F001 - F005 spent solvents

Legend #	Constituent Name
1	Acetone
2	Benzene
3	n-Butyl alcohol
*4	Carbon disulfide
5	Carbon tetrachloride
6	Chlorobenzene
7	Cresol (m-and p-isomers)
8	o-Cresol
*9	Cyclohexanone
10	1,2-Dichlorobenzene
11	Ethyl Acetate
12	Ethyl Benzene
13	Ethyl Ether
14	Isobutyl alcohol
*15	Methanol
16	Methylene Chloride
17	Methyl Ethyl Ketone
18	Methyl isobutyl ketone
19	Nitrobenzene
20	Pyridine
21	Tetrachloroethylene
22	Toluene
23	1,1,1-Trichloroethane
24	1,1,2-Trichloroethane
25	Trichloroethylene
26	1,1,2-Trichloro-1,2,2-trifluoroethane
27	Trichloromonofluoro-methane
28	Xylenes (total)

Legends 29-31 RESERVED

** If these constituents are present alone or in any combination of the three, then non waste water forms of these constituents must be treated to TCLP levels as indicated in §268.40.*

Legend #	Constituent Name
32	2-Ethoxyethanol
33	2-Nitropropane

CALIFORNIA LIST WASTES

Legend #	Constituent Name
44	Nickel
45	Thallium
46	Cyanide (Liquid)
47	Liquid Polychlorinated Biphenyls (PCB's)
48	Halogenated Organic compounds (HOC's)

**SEE BACK FOR THE UNIVERSAL
TREATMENT STANDARDS (UTS),
Legends 49 - 264**

THIS WASTE DOES NOT CONTAIN ANY DIOXINS, CHLORINATED FURANS, EXPLOSIVES OR RADIOACTIVE MATERIALS.

Container Contents

☒ Bulk

☐ Lab Pack

RQ

Year Month Day

Code

Number

Container Number:	930421011B	Chemist	OT
Shipping Name: NON-REGULATED MATERIAL			
Container Type:	CE	Size	40L
ID Number:		HM	Absorbent CVOX
Hazard Class:			

Profile Number	EM12.2
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	LATEX PAINT	✓	14.00		NINE
02					
03	L-01A - 1 in 1.56 CA-S				
04					
05					
06					
07					
08					
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28					

ABSORBENT
C - CORN COB
V - VERMICULITE
O - OIL DRY
X - OTHER

PS - PHYSICAL STATE
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S - SOLID
SL - SLUDGE
D - POWDER OR DUST

IC - INTERNAL CONTAINER
G - GLASS M - METAL
P - PLASTIC F - FIBER
B - BAGGED

This Lab Pack list continues:

Yes ☐ No ☐

This is page _____ of _____

THIS WASTE DOES NOT CONTAIN ANY DIOXINS, CHLORINATED FURANS, EXPLOSIVES OR RADIOACTIVE MATERIALS.

Container Contents

☒ Bulk

☐ Lab Pack

RQ

Year Month Day

Code

Number

Container Number:	120401011218	Chemist	JS
Shipping Name: WASTE PAINT RELATED MATERIAL			
Container Type:	OF Size 1/2	ID Number: UN1263	HM Absorbent CVOX
Hazard Class: 3 PEL			

Profile Number	1204010112
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	WASTE PAINT	L	1 X 4.53		D001 F003
02			1 X 5.50F		F005
03			1 X 0.41		
04					
05					
06	Oil Based Paint in 1 + 5G Cans				
07					
08					
09					
10					
11					
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This Lab Pack list continues:

Yes ☐ No ☐

This is page _____ of _____

THIS WASTE DOES NOT CONTAIN ANY DIOXINS, CHLORINATED FURANS, EXPLOSIVES OR RADIOACTIVE MATERIALS.

Container Contents

☒ Bulk

☐ Lab Pack

RQ _____

Year Month Day

Code

Number

Container Number:	1704109E1418	(1005-007)	Chemist	JS
Shipping Name: WHITE CARBONADS cleaning fluid				
Container Type:	8F	Size 30	ID Number:	NA1760
Hazard Class:	8	FLI	HM	Absorbent CVOX

Profile Number	INTERNAL
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	CLEANING COMPOUNDS	L	3 x 7.2 kg		2002
02					
03					
04					
05	Colorless Liquid, pH = 8-2				
06					
07					
08					
09					
10					
11					
12					
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27					
28					

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This Lab Pack list continues:

Yes ☐ No ☐

This is page _____ of _____

THIS WASTE DOES NOT CONTAIN ANY DIOXINS, CHLORINATED FURANS, EXPLOSIVES OR RADIOACTIVE MATERIALS.

Container Contents

☒ Bulk

☐ Lab Pack

RQ

Year Month Day

Code

Number

Container Number:	150409E1212	Chemist	DJ
Shipping Name: WASTE ACCELLS			
Container Type: OF	Size: 5T	ID Number: UN1950	HM Absorbent CVOX
Hazard Class: 2.1			

Profile Number	1015ML111
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	WASTE FLAMMABLE ACCELLS		145.0L		D001
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
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26					
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28					

ABSORBENT
C - CORN COB
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This Lab Pack list continues:

Yes ☐ No ☐

This is page _____ of _____

THIS WASTE DOES NOT CONTAIN ANY DIOXINS, CHLORINATED FURANS, EXPLOSIVES OR RADIOACTIVE MATERIALS.

Container Contents

☒ Bulk

☐ Lab Pack

RQ

Year Month Day

Code

Number

Container Number:	TK 241961CHE	Chemist	
Shipping Name: NON HAZARDOUS MATERIAL			
Container Type:	Size	ID Number:	HM Absorbent CVOX
Hazard Class:			

Profile Number	241961CHE
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	INACTIVE OIL	L	14.5 gal		NONE
02			14.5 gal		
03	THICK Amber Liquid				
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					

ABSORBENT
C - CORN COB
V - VERMICULITE
O - OIL DRY
X - OTHER

PS - PHYSICAL STATE
L - LIQUID/POURABLE
S - SOLID
SL - SLUDGE
D - POWDER OR DUST

IC - INTERNAL CONTAINER
G - GLASS M - METAL
P - PLASTIC F - FIBER
B - BAGGED

This Lab Pack list continues:

Yes ☐ No ☐

This is page _____ of _____

THIS WASTE DOES NOT CONTAIN ANY DIOXINS, CHLORINATED FURANS, EXPLOSIVES OR RADIOACTIVE MATERIALS.

Container Contents

RQ

Number

Profile Number	TC-34211
Disposal Site	
Approval Code	
Reactive Wt.	

Line No.	Material Description	PS	Material Quantity	IC	EPA Waste Code Number
01	empty DRUMS		7 x 55 gal		NONE
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					

IC - INTERNAL CONTAINER
G - GLASS M - METAL
P - PLASTIC F - FIBER
B - BAGGED

This is page _____ of _____